FY 2009 – 2011 Atlanta EMA Comprehensive HIV Health Services Plan

Ryan White Part A
Atlanta Eligible Metropolitan Area

Developed By:
The Comprehensive Planning Committee
Metropolitan Atlanta HIV Health Services Planning Council

December 2008

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METROPOLITAN ATLANTA
HIV HEALTH SERVICES PLANNING COUNCIL

Planning Council Letter of Concurrence

December 18, 2008

The Mission Statement, Shared Vision, and Shared Values set forth in the FY2009 – 2011 Atlanta EMA Comprehensive HIV Health Services Plan provide the goals, objectives, and strategies that will be used to guide the maintenance and further development of the EMA's continuum of care system for people living with HIV/AIDS. During the three-year life of this Plan, the goals and objectives will be implemented and evaluated by the Comprehensive Planning Committee, Standing Committees, Task Forces, advisory groups, and the Grantee staff.

The Metropolitan Atlanta HIV Health Services Planning Council reviewed this FY 2009 – 2011 Atlanta EMA Comprehensive HIV Health Services Plan during its meeting on December 18, 2008 and adopted the Plan to guide service delivery in the Atlanta EMA.

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Introduction

Comprehensive HIV services planning is a central focus of the Ryan White HIV/AIDS Treatment Modernization Act legislation and an essential component of the Ryan White programs. Comprehensive planning is necessary to achieve the goals of the Act: to develop, organize, coordinate, and implement more effective and cost-efficient systems of essential services to individuals and families with HIV disease.

Comprehensive planning guides decisions about services for people living with HIV disease and AIDS. Planning activities undertaken by the Metropolitan Atlanta HIV Health Services Planning Council assist the decision-making process in the development and maintenance of a system of care and support for persons living with HIV and AIDS (PLWHA) in the Atlanta Eligible Metropolitan Area (EMA). This is especially important in light of the changing and increasingly complex health care environment, such as job losses, funding reductions and flat funding, and Medicare changes.

The comprehensive HIV services planning process undertaken in the Atlanta EMA required the Planning Council to ask four questions related to the EMA's HIV health service delivery system and to engage in a planning process that resulted in this written Comprehensive HIV Health Services Plan. The four questions addressed in the Plan are:

- Where are we now: what is our current system of care?
- Where do we need to go: what system of care do we want?
- How will we get there: how does our system need to change to assure availability of and accessibility to core cervices?
- How will we monitor our progress: how will we evaluate our progress in meeting our short-and long-term goals?

Executive Summary

The Atlanta EMA is comprised of 20 counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding and Walton. In 2007, 50% (4,681,970 persons) of Georgia's population (9,363,941); 52% of the State's African American population; 66% of the Hispanic population; and, 39% of the poor resided in the EMA. Atlanta ranks 10th among statistical metropolitan areas in the U.S. for cumulative cases of HIV/AIDS. Of reported AIDS cases in Georgia, 66% reside within the EMA, primarily in Fulton and DeKalb Counties.

The Comprehensive Planning Committee of the Metropolitan Atlanta HIV Health Services Planning Council guided the development of the Atlanta Eligible Metropolitan Area (EMA) 2009-2011 Comprehensive HIV Services Plan. The document was made available to Consumers, Planning Council Executive Committee and Council members to assure broad input and review.

The planning process undertaken required the Planning Council to ask four questions related to the Atlanta EMA's HIV health service delivery system:

1. Where are we now: what is our current system of care?
2. Where do we need to go: what system of care do we want?
3. How will we get there: how does our system need to change to assure availability of and accessibility to core services?
4. How will we monitor our progress: how will we evaluate our progress in meeting our short- and long-term goals?

The Atlanta EMA's FY 2009-2011 Comprehensive HIV Health Services Plan provides the goals, objectives, and strategies that will be used to guide further development and monitoring of the EMA's HIV/AIDS health care delivery system. Identified needs and barriers have been incorporated into the plan goals and objectives. The plan includes six major goals:

1. To ensure the availability and quality of critical HIV-related core services within the EMA.
2. To reduce disparities in access to health services and related support services among disproportionately affected sub-populations and historically underserved communities.
3. To identify individuals who know their HIV status but are not in care, inform them about available treatment and services, and assist them in the use of those services.
4. To coordinate and integrate care and treatment services with HIV prevention programs.
5. To coordinate care and treatment services with mental health and substance abuse counseling and treatment programs.
6. To improve the Planning Council's capacity to function effectively as a planning body.

Ongoing monitoring, input, and adjustment are critical in continuing to ensure that available HIV/AIDS resources in the Atlanta EMA are maximized and the use of these resources are prioritized when changes to the system are needed. Comprehensive Plan progress will be

evaluated, and modifications made as needed, based on measures indicated in the plan, the development and implementation of detailed annual plans and regular progress reports.

Section 1 – Where are we now: What is our current system of care?

Description of the Atlanta Eligible Metropolitan Area

The Atlanta Eligible Metropolitan Area (EMA) is comprised of 20 counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding and Walton. In 2007, 50% (4,681,970 persons) of Georgia's population (9,363,941); 52% of the State's African American population; 66% of the Hispanic population; and, 39% of the poor resided in the EMA. Of the EMA's population, 66% reside in the four most urbanized counties: Fulton (960,009/20%), DeKalb (723,602/15%), Cobb (679,325/15%) and Gwinnett (757,104/16%). The largest concentrations of minorities within the EMA reside in the counties of Fulton (55%), DeKalb (70%) and Cobb (37%). HIV/AIDS care services are geographically dispersed and accessible to HIV/AIDS clients throughout the EMA.

Epidemiological Profile

Current local epidemic: Georgia ranks 8th in the nation for cumulative cases of HIV/AIDS, Atlanta ranks 10th among statistical metropolitan areas. Sixty-six percent (66%) of people living with HIV/AIDS (PLWHA) reside within the EMA, primarily in Fulton and DeKalb Counties. According to 2006-2007surveillance data, there are 27,051 people living with HIV/AIDS (prevalence) with 13,457 (49%) diagnosed AIDS cases and 13,594 HIV cases (51%). Of the total number of new AIDS cases (1,188), 76% are African American, 15% White, and 6.7% Hispanic. Among the 27,051 people currently living with HIV/AIDS, 74% are African American, 21% White, and 5% Hispanic. The number of other racial and ethnic groups remains low, collectively comprising less than 2% of all AIDS incidence, AIDS prevalence, and HIV prevalence cases. Georgia ranks 7th among all states in the rate of AIDS cases among African Americans, and the rate among Hispanics is similarly high given the lower census rate in Georgia. In the EMA, AIDS is one of the leading causes of death among African American men and women ages 20 to 44, and HIV infections among young African American Men who have Sex with Men (MSM) has reached epidemic proportions.

Of the 13,457 AIDS cases, 43.8% identified male to male sex as the mode of transmission; 11.1%, injection drug use; 10.7% heterosexual contact; and 4.7% male to male sex and injection drug use. Unidentified risk was identified in 28.5% and other modes of transmission accounted for 1.2%. Of 13,594 HIV (non-AIDS) cases, 35.1% contracted HIV disease through male to male sexual contact and 8.1% through heterosexual contact. New AIDS cases among males totaled 833 in 2006–2007, of which 20 (2.3%) were through heterosexual contact and 292 (35%) through male to male contact. Of individuals living with HIV/AIDS, 10,728 are males and 2,729 are females. Thirty-four percent (33.6%) of females were infected through heterosexual contact.

Atlanta EMA	AIDS Incidence[1] 1/1/06-12/31/07		AIDS Prevalence[2] 12/31/07		HIV (non-AIDS) Prevalence[3] 12/31/07	
Race/Ethnicity	#	%	#	%	#	%
White, not Hispanic	178	15.0	3,402	25.3	2,811	20.7
Black, not Hispanic	908	76.4	9,334	69.4	9,983	73.5
Hispanic	80	6.7	607	4.5	613	4.5
Asian/Pacific Islander	1	0.1	46	0.3	69	0.5
American Indian/Alaska Native	2	0.2	13	0.1	23	0.2
Other/Multi-race	19	1.6	52	0.4	94	0.7
Unknown	0	0.0	3	0.0	1	0.0
Total	1,188	100.0	13,457	100.0	13,594	100.0
Gender	#	%	#	%	#	%
Male	883	74.3	10,728	79.7	9,808	72.2
Female	305	25.7	2,729	20.3	3,786	27.8
Total	1,188	100.0	13,457	100.0	13,594	100.0
Age at Diagnosis	#	%	#	%	#	%
<15 years	1	0.1	93	0.7	271	2.0
15-24 years	76	6.4	850	6.3	2,581	19.0
25-34 years	277	23.3	4,641	34.5	4,732	34.8
35-44 years	451	38.0	5,207	38.7	3,942	29.0
45-54 years	287	24.2	2,070	15.4	1,586	11.7
55-64 years	84	7.1	491	3.6	396	2.9
65+ years	12	1.0	105	0.8	86	0.6
Total	1,188	100.0	13,457	100.0	13,594	100.0
Transmission Category	#	%	#	%	#	%
Men who have Sex with Men (MSM)	409	34.4	5,893	43.8	4,783	35.1
Injection Drug Use (IDU)	37	3.1	1,492	11.1	738	5.4
MSM and IDU	25	2.1	637	4.7	336	2.5
High-Risk Heterosexual Contact	59	5.0	1,435	10.7	1,104	8.1
Other[4]	3	0.3	165	1.2	272	2.0
Risk Not Reported or Identified[5]	655	55.1	3,835	28.5	6,361	46.8
Total	1,188	100.0	13,457	100.0	13,594	100.0

Future Trends: HIV/AIDS trends in the Atlanta EMA include the following:

- **Race/Ethnicity** - In Georgia and the Atlanta EMA, African Americans are disproportionately affected by HIV/AIDS more than any other race. Georgia ranks 7th among all States in the cumulative proportion of AIDS cases represented by African Americans (66% vs. national percentage of 40%). The AIDS case rate has increased from 73.1/100,000 to 81.7/100,000 in

[1] The number of AIDS cases diagnosed in the specified period.
[2] The number of people living with AIDS as of the specified date; persons are assumed to be alive and living in Georgia unless otherwise documented or reported.
[3] HIV (non-AIDS) reporting was mandated in Georgia on December 31, 2003.
[4] "Other" includes hemophilia, blood transfusion, transplant, pediatric, perinatal risk, and cases without risk factor information.
[5] Risk was either not reported or did not fall into a CDC-defined risk transmission category.

the last year. Data from ambulatory medical care sites demonstrated that 72% of persons accessing care were African American, further emphasizing the disproportionate impact on that population.

When race and gender are examined together, the disproportionate impact of HIV/AIDS on Georgia's African American community is further highlighted. Compared to African Americans living in the other 49 States, Puerto Rico, and the District of Columbia, African American males in Georgia ranked 7th highest in cumulative AIDS cases and 3rd highest in incident cases in 2006, and 5th highest in 2005 AIDS cases (1,727 or 74% of incident cases).

Of the total population in the Atlanta EMA, 59% are White and 32% are African American. In contrast, 66% of reported cases in the EMA are among African American and 30% White. Of all females reported with AIDS in 2006 and 2007, 88% were African American and 4% were White as compared with males, of whom 72% were African American and 19% were White. AIDS in Georgia was the 5th highest cause of death for a single disease among African Americans in 2005.

Georgia has one of the fastest growing ***Hispanic*** populations in the nation, with only North Carolina documenting a higher rate of Hispanic population growth in the 1990s. Hispanics of any race account for 8% of the Georgia population and 10% within the Atlanta EMA. In four EMA counties, at least one in ten residents is Hispanic (Gwinnett 17%, Clayton 12%, Cobb 12% and DeKalb 10%). Hispanics accounted for 7% of all incident cases of AIDS in the EMA during 2006 and 2007. This proportion was higher among men (7%) than among females (5%). Among the 27,051 people currently living with HIV/AIDS, 4.5% were Hispanics. In the last year, the number of Hispanics living with AIDS or HIV non-AIDS has increased from 1,056 to 1,220, an increase of 16%. This is in comparison to a 6% increase in the number of African Americans and a 10% decrease in the number of Whites living with AIDS or HIV non-AIDS.

When reviewing EMA data from CAREWare, it is apparent that Hispanic clients are not adequately represented among those receiving psychosocial counseling, food and transportation (3% of all clients) and substance abuse and legal services (2%). However, Hispanics represented 69% of clients at Part A sites who require linguistic services. This indicates a potentially severe issue in their ability to understand educational and therapeutic recommendations.

- **Age** - The age group most affected by HIV/AIDS in the Atlanta EMA is 35 to 44 years olds, who comprised 38% of all newly reported AIDS cases in 2006 and 2007, and 34% of all living AIDS and HIV non-AIDS prevalent cases. Those aged between 25 and 44 years totaled 61% of all incident cases of AIDS in 2006 and 2007 and 57% of all prevalent AIDS and HIV non-AIDS cases. In the last two years, there has been a major shift with a marked increase in the number and proportion of prevalent cases in this 25-44 age bracket. Over that time period, the number of persons living with any HIV disease and aged between 25 and 44 years has increased from 14,245 to 18,522, an increase of 30% ,with the largest decline of 60% in those aged greater than 44 years. Some of this change may be explained by the use

of actual reported numbers of HIV non-AIDS cases in this reporting period instead of using estimated numbers as was done previously.

The next age group with the most infected individuals is those aged 45 years or more (32% AIDS incidence; 17% HIV/AIDS prevalence). This age group has shown a large decline in prevalent cases from 11,948 to 4,734 in 2006 and 2007 compared to the previous two year period. Youth aged less than 15 years and those aged 15 to 24 years represented the lowest numbers, both groups accounting for about 6% of incident cases and 10% of prevalent cases.

- **Gender** - In the United States, HIV/AIDS disproportionately affects **MSM** and has had a tremendous impact on the state of Georgia. Forty-six percent (46%) of the total reported AIDS case in Georgia are MSM. Among MSM, 34% are African American. Young men, between the ages of 15 and 44, who have sex with men (YMSM) are of particular concern, especially young African American MSM. Data show that African American YMSM account for most (52%) of new infections among African American MSM. In the Atlanta EMA for 2006 and 2007, MSM accounted for 32% of newly reported cases of AIDS. The reported proportion of MSM living with HIV/AIDS may be artificially low due to reluctance to identify MSM as the transmission category.

  Challenges presented to MSM include social and economic factors such as racism, homophobia, poverty, and lack of access to health care services. African American and Hispanic men are more likely than White men to receive a diagnosis of HIV infection in the late stages, often when the infection has progressed to AIDS, which suggests that they are not accessing testing or health care services early in their infection when treatments might be more effective. The stigma associated with homosexuality may inhibit some men from identifying themselves as gay or bisexual, especially among Hispanic and African American MSM. Research suggests that elevated rates of STIs may contribute to higher rates of HIV infection among African American MSM. African American and Hispanic men are less likely than White MSM to live in gay-identified neighborhoods. Therefore, prevention and treatment programs directed to gay-identified neighborhoods may not reach non-White MSM.

  African Americans represent about 88% of all AIDS cases among women in Georgia and 85% of all prevalent AIDS cases in the EMA are women. Approximately 60% of all ***women*** with AIDS in Georgia reside within the EMA and 27% of all clients treated at EMA primary care sites in 2007 were women. Hispanic women account for 5% of women of childbearing age with AIDS in the EMA.

  Thirty-nine percent (39%) of adult and adolescent women with AIDS in the EMA reported their exposure risk as heterosexual contact and 30% reported injection drug use. The majority of childbearing women are in the 30-39 year age group. The proportion of women of childbearing age diagnosed with AIDS has increased over the past five years by 11% in Georgia and by 13% in the EMA.

Challenges for HIV positive women, particularly women of color, include discrimination, poverty, and lack of insurance. In addition to the challenge of living with HIV, women also face challenges of domestic abuse, maternal health issues, and are often the primary caregivers for children and aging parents. Among HIV positive women, psychological distress poses a significant barrier to care. In one study, 31% of women who tested positive for HIV delayed accessing care for three months or longer because of fear, depression, and anxiety about their serostatus. Of the 2,000 women enrolled in the National Institutes of Health Women's Interagency HIV Study nearly 50% report a history of sexual abuse and 60% were victims of domestic violence.

Response to the Epidemic

Over the 27 years of the epidemic, community based organizations targeting AIDS survivors, substance users, African American MSM, women, and children have formed in response to the need to provide targeted services to specific populations and sub-groups. HIV/service providers have grown extensively and now include Ryan White Part A, B, C, and D funded programs as well as other non-profit and private provider primary care and support service resources.

Assessment of Need

HIV Medical Care Needs: Service gaps were documented in a number of specific needs assessments/consumer surveys carried out by the Metropolitan Atlanta HIV Health Services Planning Council in the EMA during the past few years. Using data from the HIV/AIDS reporting system (HARS), the statewide laboratory database and the HIV/STD Epidemiology Section of the Georgia Division of Public Health, it has been estimated that 56% of PLWH (15,149 persons) in the Atlanta EMA had not received primary health care services during 2007. A subtotal of 65% of PLWA (8,747 persons) and 52% of PLWH non-AIDS (7,069 persons) had not received primary health care. Of the PLWA, males (81%), African Americans (68%) and persons aged 45+ (49%) had the highest levels of unmet need for primary care. Of the PLWH non-AIDS, males (65%), African Americans (73%) and persons between the ages of 37-44 (30%) and 45+ (30%) had the highest levels of unmet need.

In 2007, EMA Part A services were accessed by 10,869 clients, of whom 8,596 (79%) received primary care services. However, these 8,596 clients in primary care represent only 32% of the estimated 27,051 people living with HIV/AIDS in the EMA (HIV non-AIDS Prevalence + AIDS Prevalence from Attachment 3). A total of 51,149 primary care visits were documented at Part A clinics last year, an increase of 8% over 2006.

Data from the 2008 ***Atlanta EMA HIV Consumer Survey*** and the ***CAREWare database*** indicate 58% of PLWH non-AIDS and PLHA have a mental health diagnosis, specifically depression, but only 19% of clients at Part A funded service sites received mental health services during the previous year. Data from the same sources indicate that 12% of PLWA and PLWH (3,203) have substance abuse problems and need additional screening but only 10% (1,039) received substance abuse care through Part A funded sites.

The EMA's 2008 Consumer Survey, conducted by the Southeast AIDS Education and Training Center (SEATEC), collected data concerning services accessed by persons living with AIDS and HIV at 12 Part A and 8 non-Part A funded local AIDS service organizations. Preliminary data suggest the four services most needed and not received were "*Oral Health Care*," "*Home Delivered Meals*" "*Food Pantry*" and "*Legal Services*". For Hispanics, "*Support Groups and Counseling*" was high in the most needed and not received service, and for Whites, "*Legal Help*" was also in the top five services needed but not received.

Of the 26 services examined in 2008, eight services were in high need by at least 15% of all respondents. Hispanics and females between 18 and 44 years old reported the greatest number of services in high need (n=8), followed by African Americans (n=7) and Whites (n=5). Females and males among African Americans and Whites were similar in their reported service use, service needs, and number of services in high need.

Unmet need estimate

There are large numbers of African Americans, Whites, Men and Women who are not accessing or receiving care. A comparison of state and EMA epidemiology data with CAREWare data from the EMA's Part A funded sites indicate that of the 16,412 infected individuals not receiving services, 11,441 were African Americans, 2,638 Whites, 12,625 males and 3,575 females.

Number of PLWHA Clients Receiving Part A Services				
	African American	**White**	**Male**	**Female**
Total PLWHA	19,317	4,561	20,536	6,515
Number In Part A Care	7,876	1,923	7,911	2,940
Number Not in Care	11,441	2,638	12,625	3,575

In 2007 African Americans accounted for 7,876 (72%) of all clients who received any Part A services, an increase in clients of 30% over 2006. African Americans also accounted for 6,223 (72%) of all clients receiving Part A primary care services, and for 72% of all primary care visits.

Unmet need is defined as PLWH/A who know their HIV status but are not receiving primary medical care. Atlanta EMA unmet need data indicate that there are 7,739 PLWA and 7,726 PLWH (non-AIDS) who are aware of their status but are not in care in the EMA's public or private health care system. Combined, these figures total 15,465 individuals with HIV/AIDS who are in need of regular primary care in either the public or private health system. Based upon historical utilization patterns, an estimated one-third of the population access the public health system, one-third access the private health system, and one-third do not access any health system for the treatment of HIV disease. Applying this utilization figure, it is estimated that 1/3 of the 15,465 (or 5,155) would access the EMA's public health system. Unmet need data were used by the Planning Council in planning and decision making about priorities, resource allocations and the system of care.

The table below illustrates the approach used by the Atlanta EMA to generate these unmet need estimates.

Population Inputs	Value	Data Source
1. Number of persons living with AIDS (PLWA) and aware as of 12/31/2005	11,860	HIV/AIDS Reporting System (HARS)
2. Number of persons living with HIV (PLWH) non-AIDS and aware as of 12/31/2005	14,745	Midpoint of CDC estimate
Care Patterns	**Value**	**Calculation/Source**
3. Number of PLWA who received HIV primary medical care during calendar year 2005	4,121	HARS and Laboratory Report Database
4. Proportion of PLWH non-AIDS who received HIV primary medical care during calendar year 2005 in HARS	47.6%	HARS and Laboratory Report Database
5. Number of PLWH non-AIDS who received HIV primary medical care during calendar year 2005	7,019	B * D
Calculated results	**Value**	**Calculation**
6. Unmet Need for HIV primary care among PLWA	7,739	A – C
7. Unmet Need for HIV primary care among PLWH non-AIDS	7,726	B – E

Estimation Method: The Atlanta EMA's estimation method was based upon a framework developed by the University of California San Francisco under contract to HRSA. This method takes the total number of diagnosed and aware individuals (population inputs) and subtracts the number of these individuals receiving HIV primary care (care inputs), resulting in the number of people with an unmet need for HIV primary care (**Population Input – Care Inputs = Unmet Need).**

Data Sources: Population inputs were identified for both PLWA and PLWH non-AIDS (Boxes A and B). Since Georgia only began reporting HIV as of December 31, 2003 and HIV reporting is still considered too immature to be reliable, the midpoint of CDC's estimate of HIV cases in the EMA was used. Care inputs were derived from the HIV/AIDS Reporting System (HARS) and a statewide lab database (Boxes C - E). For PLWA, labs reported during 2005 were reviewed for all PLWA alive as of December 31, 2005. For PLWH, the same process was completed. Boxes F and G represent the calculations derived from taking the population estimates and subtracting those in care, resulting in the number of PLWH and PLWA with an unmet need for HIV primary care during 2005.

Gaps in Care

Service gap assessments and the 2008 Consumer Survey have revealed the following EMA gaps in care:

- **Adolescents:** The majority of HIV positive adolescents in the Atlanta EMA receive care via the Grady Infectious Disease Program (IDP) Family Clinic. The system of care includes focused primary care, medical case management, mental health services, medications, support services, nutrition counseling, oral health, and housing assistance. In addition to primary care services, there is a tremendous need for mental health services tailored to families. Service gaps include the lack of information regarding HIV/AIDS education and safer sex practices among those who do not have internet access. Gaps include lack of knowledgeable and culturally sensitive and linguistically compatible health care providers.

- **Men Who Have Sex with Men**: Service gaps include outreach initiatives that create awareness and educate MSM about HIV/AIDS and safer sex practices, social support groups that address substance abuse and mental health issues and the stigma associated with the complexity of multiple health problems. Other gaps in services identified through the HIV Consumer Survey include primary prevention services for oral health, transportation, and emergency assistance for paying household utilities. Survey findings indicate that males and African Americans most frequently reported information and personal barriers.

- **Women:** Services such as outpatient ambulatory care, oral health care, mental health counseling, and family case management are needed for adult and adolescent women. The 2008 HIV Consumer Survey reports a high rate of primary care usage (80%) among women, yet only 69% use antiretroviral medications. The top services needed but not received were: oral health care, food, transportation assistance, home-delivered meals, and referrals to services. Females' most frequently reported barriers were not finding enough of a service and as well as information barriers.

- **Hispanics:** Many Hispanics face significant barriers to health information, HIV counseling, testing and care. Challenges for the Hispanic population include poverty, language difficulty, lack of health insurance and availability of quality health services in their communities, distrust of the American health care system, citizenship status, and cultural perceptions, beliefs, attitudes and practices. In the 2008 Consumer Survey, Hispanics, along with individuals who were diagnosed in the previous three years, were found to have higher service gap levels. Hispanics most frequently reported: they did not about a service or there was not enough of it available; a lack of translation services; and a belief that citizenship is needed to receive services as barriers.

- **Health Infrastructure:** The status of Georgia's health infrastructure is poor. HRSA's State Workforce Profile for Georgia painted a dismal portrait of health care employment in 2004. Georgia employed 249,000 health care workers, representing only 7.7% of the State's total workforce, less than the national average of 8.8%. Georgia also ranked among the bottom of all States in many health care employment indices. Moreover, 42 whole counties, seven partial counties, and 84 population groups in Georgia were designated by the federal government as Health Care Shortage Areas, and 117 whole counties and 48 partial counties including 13 of the EMA's 20 counties (65%) were designated by HRSA as Medically Underserved Areas.

Barriers to Care

"(D)ata document substantial increases in AIDS cases in the Deep South... In contrast, other US regions are experiencing stable rates or small increases in new AIDS cases. Furthermore, the AIDS epidemic in the Deep South is more concentrated than in other regions among African Americans, women and rural residents. The Deep South also has some of the highest levels of poverty and uninsured individuals, factors that complicate the prevention and treatment of HIV infection." (American Journal of Public Health, June 2006) AIDS continues to be a profound medical, psychosocial, and economic crisis in Georgia, and especially in the Atlanta EMA. In the context of a burgeoning diverse population base, overburdened and compromised public health care and social service systems, and economic recession, each year the number of AIDS and HIV cases increases, and the EMA is at the center of the highest sexually transmitted infections (STI) (spell out first time) rates in the country. The needs of the existing population of persons living with HIV/AIDS are barely being met, and acute information and capacity gaps are being increasingly noted. There also exist subgroups among PLWHA in the EMA who present further challenges to the system and specific needs for care, notably youth, with high rates of STIs; the homeless and incarcerated "hidden" populations; women, especially single mothers barely living above the poverty level; and the increasing rate of AIDS cases among MSM, notably men of color. Failure to meet the primary care, substance use, and mental health needs of these populations of PLWHA will lead to increased cost as physical, social, and personal wellbeing is jeopardized. This could in turn lead to reduced capacity for, and access to, care. When complications related to housing, income, health, or personal wellbeing are present, the system is strained intolerably. The EMA health care and psychosocial service system must continue to accommodate these issues and the increased demand for services as the epidemic continues to grow in the present economic environment.

Prevention Needs

In Georgia, the Department of Human Resources (DHR) is the recipient of the majority of funding through the CDC Prevention Program. A representative for the program participates in Part A, B and D planning meetings. The state's RFP for prevention services requires participation on the Part A Planning Council or local consortium. The Planning Council has a designated representative on the Georgia Community Planning Group (GCPG) who provides reports to the Planning Council. Two Part A funded agencies receive Prevention with Positives funding. Activities include: linkage to care, evidence-based intervention in clinical and group settings, and case finding.

Documentation of service gaps in the EMA have included the need for outreach initiatives that create awareness and educate MSM about HIV/AIDS and safer sex practices. The incidence and prevalence of hepatitis B (HBV) and hepatitis C (HCV) in the EMA have also indicated an acute need for behavioral prevention strategies. In Georgia, 211 HBV and HCV cases were reported in 2006, an increase of 7% over the previous year. Of this total, 55% cases were in the EMA of which 47% were African American and 65% were men.

Description of the Current Atlanta EMA Continuum of Care

The EMA has a service delivery system which includes a comprehensive range of primary care, other core services and support services for individuals and families infected with, and affected by, HIV disease. These services are available to all eligible PLWHA in the EMA. Included in this delivery system are mechanisms (i.e., transportation, meals, emergency assistance, mental health services, substance abuse services) to facilitate access and retention in primary care for: newly infected; underserved; hard to reach individuals and/or disproportionately impacted communities of color; and, those who know their HIV status but are not presently in HIV primary medical care. The EMA strives for cultural competency in the provision of all services. The Atlanta EMA's system of care is consistent with HRSA's goals of increasing access to services and decreasing HIV health disparities among affected subpopulations and historically underserved communities. In November 2005, the EMA implemented an evaluation process for all new clients to screen for mental health, substance abuse and medical case management needs. If indicated, clients are further assessed for service needs and referred for enrollment in services.

- **Primary Medical Care:** The primary care system increases access to care for all clients and targets services to women, infants, children and youth and minority, underserved populations by providing services that are located where (or easily accessible) the majority of clients live, are driven by standards of care, and are complemented by a series of supportive services. Upon enrollment in primary care, all new clients are screened for medical case management, mental health, and substance abuse to increase client access to needed services. Minority AIDS Initiative (MAI) funds are allocated to the Primary Care service category. Funding provides the full range of primary care to African American and Hispanic clients.

  Ryan White-eligible clients often enter the care system through the public health system upon notification of positive HIV test results and upon completion of the counseling process in clinics where counseling and testing and care programs are co-located. The counseling and testing staff personally escort the client to the clinic to initiate enrollment. In the EMA's comprehensive approach to primary care, providers work closely with STD/HIV programs to provide counseling and education. Eligible clients also enter through other health or social care systems, which refer clients to facilities in the EMA for receipt of primary care, specialized care, and other needed services.

  Medical case managers, peer counselors, and/or social service providers furnish information regarding available HIV services and refer clients to facilities in the EMA for receipt of care, specialized treatment and support services. Upon referral to one of the primary care sites, a client receives immediate intake and enrollment. Early and timely access to care remains the standard for providers; however, depending upon the caseload of the site, there may be a waiting period following intake before a comprehensive physical examination can be conducted. If there is a waiting period, on-site counselors and health educators have procedures in place for initiating the intake process. During this visit (if there is no waiting period) or a subsequent visit (if there is a waiting period), the client receives confirmatory diagnostic testing, a TB skin test, a medical examination, and consults with the care provider regarding treatment options. A patient chart is completed documenting health history, allergies, and other vital statistics. In addition to a comprehensive physical examination, a

battery of services is provided: including viral load and CD4 testing; resistance testing if warranted; family planning services; vaccines; and other preventive and therapeutic medical services. A standardized, validated screening tool was developed by the Southeast AIDS Training and Education Center (SEATEC) for the EMA in 2005. The tool is used to determine the level of client need for case management. Based on responses, clients are assigned to a tiered case management system that spans from self managed to intensive case management. The tool, administered by appropriately trained staff, is also used to determine client need for mental health and/or substance abuse services followed by appropriate referrals and enrollment.

Due to the large demand for primary care in the EMA, primary care services are provided utilizing a triage model of service delivery. Asymptomatic patients with CD4 $\geq$ 200 are treated in the HIV/STD programs of local health departments or community health clinics. Once a patient's CD4 measures $\leq$ 200 and/or the patient is symptomatic, he or she is referred to the Grady IDP for treatment of the advanced symptoms of HIV disease. Patients with active TB are triaged to local health departments for treatment of HIV/TB to help reduce the rate of TB transmission. Upon completion of therapy, and upon proof that active TB has cleared, patients are triaged back to the original primary care site.

Primary Care funds support a transition or "drop-in" clinic at the Grady IDP which allows homeless individuals, and others who have historically had trouble keeping appointments and remaining compliant, to receive same day services without an appointment. The Fulton County Department of Health and Wellness and the primary care clinic at AID Atlanta have expanded service hours, furthering access to treatment services and improving quality of life. AID Gwinnett (1 site) and Fulton County Department of Heath and Wellness (4 sites) have satellite clinic sites to serve clients in underserved communities. DeKalb County Board of Health has a non-HIV specific refugee center.

Client medical adherence is encouraged through the use of medical adherence nurses who help patients to obtain, process, and understand basic health information and services needed to make good health decisions. Health literacy and education programs encourage clients to act in a manner that is conducive to the promotion, maintenance or restoration of health.

In 2007, 8,596 clients were served in 51,149 office visits; 72% were African American; 6% Hispanic. Seventy-five percent (75%) were male.

- **Medications:** Clients have access to 12 reverse transcriptase inhibitors (RTIs), 3 non-nucleoside reverse transcriptase inhibitors (NNRTIs), 10 protease inhibitors (PIs), and 1 combination therapy through the State AIDS Drug Assistance Program (ADAP) and Ryan White Part A Additionally, clients have access to 33 other medications used in the treatment and prophylaxis of opportunistic infections through these same sources. These medications are made available through the local AIDS Pharmaceutical Assistance category and mirror the ADAP formulary. HIV-care medications not covered by ADAP or the local AIDS Pharmaceutical Assistance program are provided with Primary Care funding. In CY 2007, 197 clients were served with 2,363 prescriptions filled.

- **Substance Abuse Treatment:** Once a client is screened, assessed and referred to a provider, agencies strive to provide "treatment on demand" and enroll the client in programs specifically designed for HIV positive clients with active substance use or abuse histories. Through agency or self referral, clients link with medical services, housing, drug treatment services, legal services, and emergency assistance. Other services include: information on HIV/AIDS risk reduction; early intervention; disclosure; discussions on sexual behavior; and, prevention methods that promote personal responsibility. Substance abuse treatment providers use client trackers to locate individuals lost and facilitate return to both substance abuse treatment and primary care. In CY07, 1,039 clients received 7,566 substance abuse counseling sessions: 81% African American, 2% Hispanic; 68% male.

- **Mental Health Treatment**: The current system includes mental health services (including medications) provided by certified mental health professionals to individuals, groups and families affected by HIV disease. Clients access services directly, or through referrals by primary care providers, medical case managers, AIDS service organizations, and other social service providers. The initial contact begins with case management, mental health, and substance abuse service needs screening, followed by a mental health assessment for depression, suicide risk, substance abuse and addiction. In addition to the psychological assessments, clients are educated about services available to them and their rights and responsibilities as clients. Clients are linked to primary care, medical case management, treatment education, and support services. Recognizing that mental illness and substance abuse are closely connected, and that treatment for many clients should be integrated, funds are allocated to the Mental Health and Substance Abuse categories to continue to employ dual diagnosis clinicians who are trained and licensed in both fields to meet the changing needs of newly affected and underserved populations. Funds also support the availability of mental health counselors and bilingual professionals with expertise in mental health approaches targeting People of Color. In 2007, 2,055 clients were served in 8,049 mental health individual and group sessions in Part A supported programs. Seventy-one percent (71%) of those receiving mental health services were African American and 5% were Hispanic; 72% were male.

- **Oral Health:** Oral health services in the system of care emphasize the provision of comprehensive, high quality client-centered oral health services for HIV-infected persons in collaboration with primary care providers. Patients receive an oral health assessment (either directly from funded agencies or through contractual arrangement) in conjunction with the medical assessment received at primary care sites. Comprehensive oral health services include preventive, periodontal, restorative, endodontic, surgical, and prosthetic care as well as management of oral manifestations associated with HIV disease. Medications used to prevent dental decay, treat periodontal diseases and manage oral pathology are covered within this category of care. To ensure the availability of oral health care, the EMA adopted a local directive that all PLWHA receiving oral health services should have full access to the full range of services with services provided through Part A providers or sub-contractual arrangements with non-Part A providers. In 2007, 2,709 clients were served in 8,108 office visits. Seventy-three percent (73%) of oral health patients were African American and 6% were Hispanic; 74% were male.

- **Medical Case Management:** In order to maximize the efficiency of funding designated to medical case management, the EMA utilizes a centralized client-centered system. The centralized system ensures accountability for service delivery, to ensure parity regardless of point of entry, and to improve the quality of service delivery by providing a standardized level of medical case management. The agency outstations medical case managers at counseling and testing facilities, primary care clinics, AIDS service organizations, community-based organizations, local jail pre-release programs, and HIV/AIDS housing facilities. Additionally, services include bilingual case managers located in sites with concentrations of non-English speaking communities. New medical case management standards implement a triage system in which new clients are screened to determine whether a case management assessment is necessary. Currently, managed clients are evaluated during regularly scheduled Individualized Service Plan (ISP) assessments to determine readiness to move from medical case management to self management (recent analysis indicates that approximately 70% of case managed clients continue to require medical case management services). Clients not requiring medical case management at that time may be referred to peer counseling (funded under psychosocial support) for referral and information services and are provided with a resource packet that identifies available services. Clients may be re-evaluated as conditions change. Case manager aides assist eligible clients with enrolling in the State ADAP, Health Insurance Continuation Program (HICP), and the Patient Assistance Programs of pharmaceutical companies (PAP).

  On-call case managers are available at the funded case management agency to assist clients in identifying or locating care and treatment resources, including assistance with bilingual and manual sign language needs. These include persons who have relocated to the EMA or individuals referred from the statewide AIDS Information Line. In 2007, 2,281 clients were served in 11,899 face-to-face encounters. Seventy-four percent (74%) of those clients were African American and 6% were Hispanic.

  Support Services: The system includes essential support services that remove barriers to care for the newly affected and the underserved, including individuals who know their status but are not presently in care. In order to ensure that support services lead to improved health outcomes, the EMA has a policy, which requires that clients be enrolled and receiving primary care before being eligible for such services as: food, emergency assistance, psychosocial support, legal assistance, and childcare. In 2008, translation services were made available in Spanish and American Sign Language throughout the system in an effort to increase access to care, maintain clients in care, and reduce disparities in care.

Part A clients also receive services from other programs that enhance and augment the comprehensive range of services required by individuals and families. For example, Part A clients receive housing assistance through the HOPWA program; Women, Infants, Children, and Youth receive assistance through Part D funds; Primary Care and Counseling & Testing are provided through Part C funds; Part B provides case management in rural settings; medications are provided through the State ADAP program; and insurance premium payments are provided through the HICP. In this environment of limited funding for HIV/AIDS and the increased prevalence among emerging populations, integration and coordination of services ensure timely, uninterrupted care.

Coordination and collaboration with other EMA resources:

- **Part B** (formerly Title II): is designed to develop HIV-health infrastructures in all states and territories. The Ryan White Part B program, administered by the Georgia Department of Human Resources (DHR), provides care and treatment services including those provided by ADAP and the Health Insurance Continuation Program (HICP). Some of the 20 counties included in the EMA receive Part B funding to provide additional client services. Fulton and DeKalb Counties do not request or receive Part B funding increasing the pool available for other 16 health districts. Counties with both Part A and B funding coordinate use of these funds to provide a comprehensive continuum of care and ensure that a maximum number of clients can be served. In addition, the Grady IDP receives Part B funding to provide care to referred children and youth from outside the EMA.

  As part of the collaboration among Ryan White Parts in the EMA, all clients receiving primary care are screened for ADAP. Eligible, applications are submitted to the Georgia DHR to complete the enrollment process. One of the State's ADAP pharmacies is located within Grady IDP where clients in the metropolitan area pick up their ADAP medications. The pharmacy ships medications to other Part A primary care providers, such as AID Atlanta and the DeKalb County Board of Health, where they are dispensed to the provider's clients. In 2007, 5,352 clients were enrolled in the State ADAP. Of the 5,352 enrolled, there were 3,540 people receiving primary care with 2,332 (66%) residing within the 20 county EMA.

  HICP provides eligible clients assistance with third-party insurance premium payments. This program currently serves195 clients with 165 (85%) residing within the EMA and 30 (15%) living and receiving services outside the 20 county metro Atlanta area. Using Part B funds to pay the insurance premiums for eligible individuals who receive primary health care services through the private sector, more Part A funds are made available to those with no other resources. All Part A funded medical case managers and agency financial counselors routinely screen clients for HICP eligibility and referral.

- **RW Part C** (formerly Title III) funds are designed to support early intervention services which get HIV+ individuals into care at an earlier stage of disease. Six of the nine Part A-funded primary care sites are also funded through Ryan White Part C.

- **RW Part D** (Formerly Title IV): The Grady Health System is the grantee for the Part D program serving the same 20-county metropolitan Atlanta area as Part A. The Part D project provides funding for women, infants, children and youth (WICY). These funds are contracted to five service providers, including two agencies that also receive Part A funds. Agency representatives participate in the Planning Council to maximize coordination of services. Part D funded services include case finding and outreach to identify and link HIV+ African American and Hispanic women, children and youth who do not know their status; prevention education for pregnant women and high risk women receiving Grady Women's Health-OB services; comprehensive prenatal and HIV care for HIV positive pregnant women; state-of-the-art, comprehensive, interdisciplinary HIV/AIDS services including primary health care, mental health services, social services, clinical trials and Emory University School of

Medicine-sponsored research and clinical trials for HIV positive and exposed children, adolescents and women in the IDP Family Clinic; and family case management services.

- **RW Part F - Special Projects of National Significance (SPNS):** AID Atlanta, the centralized medical case management agency for the EMA, is funded for a demonstration project to determine best practices/interventions for connecting HIV+ inmates into medical care. This initiative targets HIV+ substance abusing men in the EMA. Through this initiative, medical case management services are provided to inmates who agree to take part in the demonstration project. Inmates who decline to enroll in the demonstration project are followed under Part A funding for discharge planning. AID Atlanta also receives Part A funding for its primary care clinic where inmates are linked for receipt of primary care services. The evaluation center for the project is Emory University Rollins School of Public Health in Atlanta.

- **RW Part F - AIDS Training and Education Centers**: The Atlanta EMA is served by the Southeast AIDS Training and Education Center (SEATEC) which conducts comprehensive training for healthcare providers who work in the Atlanta EMA. Instruction focuses on medical management of HIV, ensuring that HHS treatment guidelines constitute the core teaching message. SEATEC trainings frequently include Part A funded staff and health care providers associated with other Ryan White programs and other federal and non-federal programs.

  SEATEC places special emphasis on training newly-hired medical staff that may have limited experience in HIV medicine in order to help them move quickly toward optimal functioning. In addition, SEATEC seeks guidance from Part A staff and clinical staff in identifying community clinicians who might benefit from HIV training and informs identified clinicians of training opportunities. Part A and B representatives worked with SEATEC in the planning of the Statewide Case Management Meeting held in June 2007 and the Medical Case Management update provided in March 2008.

  Three SEATEC staff are directly involved with the Part A program on an ongoing basis: 1) the Project Director for SEATEC's Research and Evaluation Unit is a member of the Planning Council, provides support to the Quality Management Committee as needed, and performs analyses of HIV-related resources and needs, surveying both HIV service providers and consumers of services and; 2) the Unit's Research Associate is a member of the Planning Council and Assessment Committee; and 3) the Data Manager assists the Grantee with the long-term Unmet Needs estimate, with CAREWare and monitoring of quality indicators.

- **Medicaid:** The Georgia Department of Community Health, Division of Medical Assistance, which administers Medicaid, is the largest payer for inpatient care for persons with HIV disease ($19,648,153 in FY 2008. A total of 3,074 clients were served July 1, 2007 – June 30, 2008. While Medicaid expenditures for EMA clients increased for FY 2008, the FY 2008 expenditures of $42,773,548 were 4% less than FY 2006 expenditures of $44,533,442.

  Due to strict eligibility guidelines, males with HIV must become considerably ill, and be disabled before being eligible for coverage which would afford access to necessary care. In

the EMA, males represent 72% of the total AIDS/HIV prevalence, yet account for only 35% of Medicaid recipients. Even those males who receive Medicaid through the Supplemental Security Income (SSI) system are denied mental health coverage. According to Ryan White Data Report (RDR) data, only 12% of all Part A clients received Medicaid, and 39% of those Part A clients with insurance had Medicaid.

The State's inadequate Medicaid program increases the burden of care on the Ryan White program. For example, the adult dental benefit is limited to emergency care and primary dental extractions, and this coverage is at risk for elimination. Medicare has no dental benefit. According to the General Accounting Office, "there are striking disparities in dental disease by income. The burden of oral disease and conditions is disproportionately borne by individuals with low socioeconomic states and by those who are vulnerable because of poor general health".

- **Medicare:** Beginning in FY 2006, the Part A primary care sites increased their efforts to enroll clients in Medicare for coverage of medications to reduce the use of Part A funds for HIV medications in FY 2007 and FY 2008. However, enrollment in Medicare Part D has presented challenges and compromised the ability of many clients to receive and/or afford antiretroviral medications. "The standard drug benefit defined in the Medicare Modernization Act of 2003 has a $250 deductible and 25% beneficiary coinsurance in the initial benefit period. The initial benefit period ends after $2,250 in total drug costs. After spending a cumulative amount of $2,250, the beneficiary must pay 100% of drug cost until incurring $3,600 of true out-of-pocket expenses before (which corresponds to $5,100 in total costs under the standard benefit).. This gap in coverage is commonly referred to as the "donut hole". The number of clients currently on ADAP who are eligible for Medicare Part D is approximately 452. Clients who do not have full LIS (Low Income Subsidy) have been allowed to remain on ADAP.

- **State Children's Health Insurance Program**: Enrollment in PeachCare (Georgia's SCHIP) is available by referral or on-site services at all of the primary care sites although the majority of infants, children and youth (18 and under) receive services at the Grady Pediatric IDP. Families are assigned a social worker who assists with the enrollment process. Georgia faced an estimated shortfall of $124 million in 2006 and as of March 11, 2007, no children can be newly enrolled in the program resulting in a reduction in the number of children insured by the state of Georgia.

- **Veterans Affairs (VA):** Clients eligible for VA services typically receive primary care in the VA clinic, but may choose to access Part A funded services. Approximately 5% of individuals eligible for HIV services at the VA receive their primary care services outside of that system. Part A funds on-site medical case management services for HIV patients at the VA.

- **Housing Opportunities for People with AIDS (HOPWA)**: The City of Atlanta is the recipient of funding for the EMA's HOPWA Program. The Priorities Committee considers HOPWA funding when setting priorities for Part A funding.

- **Centers for Disease Control and Prevention (CDC) Prevention**: In Georgia, DHR is the recipient of CDC Prevention Program funding for jurisdictions. A representative for the program participates in Part A, B and D planning meetings. Two Part A funded agencies receive funding through DHR for Prevention with Positives including linkage to care, evidence based intervention in clinical and group settings, and case finding; and counseling, testing and referral activities targeted toward youth and African American MSM.

- **Services for Women and Children**: To facilitate access to other programs, eligible women may enroll in the WIC Program at their primary care site. Women and children also have access to RW Part D funded services.

- **Other State and Local Social Service Programs**: Georgia Division of Family and Children Services programs, including foster care, may be accessed on-site at five of the primary care sites for enrollment in general assistance and food stamp programs.

- **Local and Federal Funds for Substance Abuse and Mental Health Treatment Services**: The core of substance abuse and mental health treatment services in Georgia is funded through the Georgia Division of Mental Health, Developmental Disabilities and Addictive Disease (MHDDAD). Georgia has a set-aside for services to PLWHA in substance abuse treatment funding from the Substance Abuse Mental Health Services Administration (SAMHSA) for HIV/AIDS services through MHDDAD. The required 5% set-aside for HIV is $2,542,879. The State is divided into 5 regions. The 20-county EMA is located within the geographical boundaries of three of the regions with funding in the amount of $485,687 available to provide HIV counseling, testing and Health Education/Risk Reduction (HE/RR) programs in substance abuse treatment centers. Persons who test positive for HIV are referred for care and treatment to public and private primary care providers within the continuum of care. Substance abuse treatment services funded by SAMHSA block grant funds are prioritized by the community service boards and availability of services may differ among counties. Part A funded outpatient and residential substance abuse treatment programs expand the capacity to address the increasing demand and facilitate access to care and treatment for the dually diagnosed.

  The DeKalb County Board of Health has an interagency agreement with its local MHDDAD Community Service Board (CSB) to expand the current level of Part A funded mental health/substance abuse services available by current staff in the HIV clinic. The coordination between the CSB and the HIV clinic reduces service duplication.

Resource Inventory

A resource inventory describing HIV/AIDS care resources and services in the Atlanta EMA is provided in Appendix 1. SEATEC's *Key Contacts – Metro Atlanta/Georgia Resources for HIV/AIDS* telephone list of helping agencies, organizations, and people served as the baseline for the inventory. A searchable version is available at **www.seatec.emory.edu**.

In addition to information compiled from *Key Contacts,* Ryan White Part A, B, C, and D funded agencies provided information for the Atlanta EMA Comprehensive HIV Health Services Resource Inventory. The inventory also includes information compiled by Planning Council staff and through the Planning Council's annual African American Outreach Initiative.

To help describe the EMA continuum and its services, including location, service capacity, funding, and eligibility, the Comprehensive Planning Committee inventoried services in 2007. (See Appendix 2 for the continuum of care inventory.) Identified services will be geomapped to compare location of services with areas of need.

Profile of Ryan White Program Part A-Funded Providers by Service Category

In FY 2008, Fulton County, the Atlanta EMA Ryan White Part A grantee, contracted with 12 agencies to provide Ryan White Part A services, including MAI, in the Atlanta EMA. The table on the following page outlines the total number of clients served by each agency, Part A award, and funded services. While the majority of the service providers are located in Fulton and DeKalb Counties in the epicenter of the EMA's epidemic, HIV/AIDS core and support services are accessible to HIV/AIDS clients throughout the EMA.

AGENCY	TOTAL SERVED	TOTAL %	FY08 PART A AWARD	% of PART A	PART A FUNDED SERVICES
AID Atlanta	2465	19%	$ 2,151,028.87	11.43%	Primary Care, AIDS Pharmacy Assistance, Case Management, Mental Health, Medical Transportation, Linguistic Services
AID Gwinnett	577	4%	$ 534,739.77	2.84%	Primary Care, AIDS Pharmacy Assistance, Oral Health, Food, Medical Transportation, Psycho-Social Support, Linguistic Services
Legal AID	101	1%	$ 90,039.03	0.48%	Legal Services
Clarke Board Of Health	NA	NA	$21,645.70	0.12%	Primary Care, AIDS Pharmacy Assistance
Cobb/Douglas Board of Health	484	4%	$ 1,223,125.11	6.50%	Primary Care, AIDS Pharmacy Assistance, Oral Health
Crawford Long	1248	10%	$ 705,765.79	3.75%	Primary Care, AIDS Pharmacy Assistance, Food, Medical Transportation
DeKalb Board of Health	697	5%	$ 939,814.75	4.99%	Primary Care, AIDS Pharmacy Assistance, Oral Health, Mental Health, Substance Abuse, Linguistic Services
Fulton Health & Wellness	1164	9%	$ 2,799,639.28	14.88%	Primary Care, AIDS Pharmacy Assistance, Oral Health, Mental Health, Substance Abuse, Food, Medical Transportation
Grady Infectious Disease Program	4219	33%	$ 8,195,006.39	43.54%	Primary Care, AIDS Pharmacy Assistance, Oral Health, Mental Health, Substance Abuse, Medical Transportation, Psycho-Social Support, Linguistic Services, Childcare
Positive Impact	175	1%	$ 763,385.30	4.06%	Mental Health, Substance Abuse, Medical Transportation
Project Open Hand	1121	9%	$ 646,498.59	3.44%	Food, Nutritional Services
St. Joseph's Mercy	698	5%	$ 750,134.79	3.99%	Primary Care, AIDS Pharmacy Assistance, Oral Health, Food, Emergency Assistance
	12949	100%	$18,820,823.37	100%	

Data Sources

Various epidemiological, service utilization, outcome evaluation, qualitative and consumer survey, and quality management data sources have been used to assess the EMA's current system of care. These sources include:

- Center for Applied Research and Evaluation Studies, Southeast AIDS Education and Training Center (SEATEC), Emory University School of Medicine, Atlanta EMA Consumer Survey, 2008.
- Center for Applied Research and Evaluation Studies, Southeast AIDS Education and Training Center (SEATEC), Emory University School of Medicine, Unmet Need for HIV Primary Care in the Atlanta EMA, 2008.
- Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, 2006, vol. 18.
- Fulton County Government/Atlanta EMA, Ryan White CAREWare Data: Service Utilization, 2008.
- Fulton County Government/Atlanta EMA, Ryan White Part A FY 2008 and FY 2009 Grant Applications.
- Fulton County Government/Atlanta EMA, Ryan White Part A Provider Chart Audit, 2008.
- Georgia Department of Human Resources, AIDS in Georgia Fact Sheet, 2006.
- Georgia Department of Human Resources, Office of Minority Health, Georgia Minority Health and Health Disparities Report, 2008.
- Georgia Department of Human Resources, Epidemiology Unit, eHARS Reporting System, 2008.
- Georgia Department of Human Resources, Epidemiology Unit, Epidemiology Report, 2007.
- Georgia Department of Human Resources, Notifiable Disease Database, 2006.
- Georgia Department of Human Resources, Office of Vital Statistics, 2007.
- Georgia Department of Human Resources, Reportable Disease Registry, 2008.
- Health Resources and Services Administration, State Workforce Profile for Georgia, 2004.
- Kaiser Family Foundation, State Health Facts, 2007.
- United States Census Bureau: American FactFinder, 2007.
- United States Department of Health & Human Services, 2005 Federal Poverty Guidelines, 2005.

Section 2 – Where do we need to go: What system of care do we want?

Continuum of Care for High Quality Care Services

Shared Vision for System Changes: The Metropolitan Atlanta HIV Health Services Planning Council is committed to a client-centered, integrated and coordinated continuum of care that is guided by a shared vision and values. The system of care in the Atlanta EMA is a coordinated, integrated continuum of comprehensive services that addresses the needs of HIV/AIDS infected and/or affected individuals. Because Ryan White funding is designated as the payer of last resort and resources are limited, the continuum of care requires collaboration among Part A and non-Part A providers to enhance coordination and expand capacity, minimize gaps in services, reduce the number of individuals with unmet needs, and reduce health disparities. (See Appendix 3 for Atlanta EMA Planning Flow Chart)

The Atlanta EMA is committed to providing a continuum of core services and essential support services, based on an assessment of demographics of the EMA HIV population and community needs and priorities that promotes coordination and collaboration among Metropolitan Atlanta service providers. This comprehensive range of core services includes: 1) outpatient primary care (assessments, diagnostic testing, treatment and medications provided by physicians and mid-level providers); 2) FDA-approved medications through the local AIDS Pharmaceutical Assistance program; 3) preventative and restorative oral health services; 4) medical case management services; 5) individual and group mental health services including medications; and 6) substance abuse treatment and counseling. Other essential support services which facilitate access and retention in treatment include: peer counseling, food, medical transportation, childcare, legal services, and linkage to housing and other needed support services.

The EMA is also committed to the implementation of strategies for the identification and linkage to the continuum of care for HIV-positive persons not in care. Furthermore, the EMA supports ensuring the availability of primary care services through the use of a triage model that helps to reduce wait times and increase access to services as well as "one stop shopping" throughout the continuum so that clients may access numerous services at one site, such as primary care sites that also provide mental health, oral health, case management, and nutrition services.

Shared Values for System Change: The Planning Council values and is guided by the following principles:

- The quality and dignity of human life.
- Cultural competence/appropriateness.
- Respect for diversity and cultural differences.
- Effective and timely support for basic needs.
- Accessible and consumer friendly services.
- The involvement of HIV infected individuals in decision-making.
- The involvement and support of each affected individual's personal support system, as well as the greater community, in caring for persons with HIV.
- An individual's right to self-determination.

- The health of the community.
- Service delivery systems that promote independence and self-sufficiency.
- The efficient use of resources.
- Prevention, education, and early intervention.

These principles reflect needs identified by the Georgia Statewide Coordinated Statement of Need planning process and EMA needs assessments.

Section 3 – How will we get there: How does our system need to change to assure availability and accessibility to core services?

The overall mission of the Metropolitan Atlanta HIV Health Services Planning Council is to plan, build, and fund community partnerships to ensure that HIV services are delivered effectively and efficiently.

This will be accomplished through:

- Increasing public awareness
- Seeking involvement from the community
- Establishing and implementing a long-range comprehensive plan
- Setting clear priorities
- Facilitating collaborative projects
- Recommending allocations of HOPWA funds and collaborating with administering entity
- Maintaining an evaluation process to include monitoring compliance with quality standards
- Encouraging the identification of additional funding resources
- Fostering the organization, coordination and delivery of health care and other services
- Identifying current services and unmet service needs of persons with HIV disease and their families
- Developing a comprehensive plan which establishes priorities for services to persons with HIV disease
- Ensuring that funds are allocated in a manner which is fair and equitable and does not discriminate

Goals and Strategies: The 2009-2011 Atlanta EMA Comprehensive HIV Health Services Plan that follows, provides the goals, objectives, and strategies that will be used to guide the maintenance and further development of the EMA's continuum of care system for people living with HIV/AIDS. The plan identifies six goals, along with the objectives and strategies to achieve those goals, who will be responsible for strategy implementation, completion dates, and how achievement of objectives will be evaluated.

Comprehensive Plan goals:

1. To ensure the availability and quality of critical HIV-related core services within the EMA.
2. To reduce disparities in access to health services and related support services among disproportionately affected sub-populations and historically underserved communities.
3. To identify individuals who know their HIV status but are not in care, to inform them about available treatment and services, and to assist them in the use of those services.
4. To coordinate and integrate care and treatment services with HIV prevention programs.
5. To coordinate care and treatment services with mental health and substance abuse counseling and treatment programs.
6. To improve the Planning Council's capacity to function effectively as a planning body.

Atlanta EMA's FY 2009-2011 Comprehensive HIV Health Services Plan

Goal 1: To ensure the availability and quality of critical HIV-related core services within the EMA.				
Objectives	**Strategies**	**Accountability**	**Completion Date**	**Evaluation**
1.1. Implement, evaluate, and revise an HIV/AIDS service delivery system that provides comprehensive medical and social services, and is flexible and responsible to the client's changing "acuity of need" over a client's life experience with HIV-related disease.	1.1.1. RW Part A-funded providers will fully implement the case management service model, as appropriate and required.	RW Grantee staff, Case Management Task Force	Ongoing	Monitor compliance through chart review. Assess progress toward compliance through chart review and other evaluation methods. Assess service utilization of self-managed clients. Written report • Patterns of compliance • Barriers to implementation • Identification of technical assistance (TA) needs • Identification of strategies to increase compliance
	1.1.2. Make continuous improvements to the HIV/AIDS Continuum of Care Model for the Atlanta EMA to guide and direct the system of care planning and evaluation process for 2009-2011.	Comprehensive Planning Committee, RW Grantee, Assessment Committee	Ongoing, beginning first quarter 2009	Monitor revisions to the Continuum of Care Model.
1.2. Meet the demands for oral health care services in the EMA.	1.2.1. Complete resource inventory and analyze data to	Oral Health Care (OHC) Task Force,	January 31, 2009	Monitor development of final resource inventory

	assess current capacity as well as ability to increase services.	Planning Council (PC) staff		Written report • Resource inventory with list of potential new services providers and resources • Identification of potential increased capacity Recommendations to make more efficient use of services funded through RW care system.
	1.2.2. Develop mechanisms to make most efficient use of services funded through RW care system.	OHC Task Force, PC staff	March 1, 2009	Monitor development of mechanisms to efficiently use services funded through RW care system.
	1.2.3. Identify potential new service providers and resources.	OHC Task Force, PC staff	March 31, 2009 and ongoing	Monitor identification of potential new service providers and resources.

Goal 2: To reduce disparities in access to health services and related support services among disproportionately affected sub-populations and historically underserved communities.				
Objectives	**Strategies**	**Accountability**	**Completion Date**	**Evaluation**
2.1. Identify populations and communities with disparate health outcomes and develop and implement strategies to increase access to health services and related support services.	2.1.1. Collect and review data to identify and locate populations and communities with disparate health outcomes.	Assessment Committee, MAI Working Group	March 31, 2009	Monitor identification and geomapping of EMA populations and communities with disparate health outcomes.
	2.1.2. Analyze data and generate and implement recommendations to reduce disparities.	Assessment Committee, MAI Working Group, Priorities Committee	May 30, 2009	Monitor identification of strategies to increase access to health services and related support services. Monitor development of EMA health disparities report. Written reports • Geomaps • Report on identified populations and communities • Report on EMA health disparities
	2.1.3. Develop and implement an approach to evaluate the success toward reducing disparities in access and health outcomes in the EMA.	Assessment Committee, RW Grantee	Ongoing	List of recommended strategies to increase access.
2.2. Assure provider agencies are consistently and effectively utilizing standards of care that reflect the PHS Guidelines for Primary Care and	2.2.1. Monitor implementation of agency QM plans.	RW Grantee	November 15, annually	Review agency QM plans. Monitor documentation of implementation gaps.

other best practices.				Monitor provision of TA. Review and monitor agency and EMA QM plans to ensure accommodation of local and national standards and local service patterns.
	2.2.2. Identify trends and patterns based on agency progress in meeting standards of care and indicators.	RW Grantee, QM Committee	Ongoing	Monitor identification of trends and patterns.
	2.2.3. Generate and implement recommendations to address identified performance gaps.	RW Grantee, QM Committee	Ongoing	Monitor development of recommendations to address identified performance gaps. Monitor implementation. Written reports • Report on identified gaps, TA needs, and recommended strategies. • Revised QM plans

Goal 3: To identify individuals who know their HIV status but are not in care, to inform them about available treatment and services, and to assist them in the use of those services.				
Objectives	**Strategies**	**Accountability**	**Completion Date**	**Evaluation**
3.1. Develop and implement an approach to more aggressively link HIV+ individuals outside of care with system of care services.	3.1.1. Based on research, plan and implement mechanisms to immediately link newly identified HIV positive individuals to primary care, including coordination with HIV prevention providers of counseling and testing.	RW Grantee, Assessment Committee, Case Management Task Force	June 30, 2009 and ongoing	Analysis of research. Monitor development of mechanisms to link newly identified persons with HIV disease to primary care. Track number of newly identified HIV positive individuals who are linked to primary care through identified mechanisms. Track number of individuals who know their status but were not in care who are linked to EMA primary care services.
	3.1.2. Continue coordination between RW Part C providers that conduct counseling and testing and primary care providers.	RW Grantee, Comprehensive Planning Committee	Ongoing	Monitor coordination between RW Part C providers and primary care providers.
	3.1.3. Continue the African American Outreach Initiative focus on recruitment of individuals who know their status but are not in care.	AAOI Planning Body, Planning Council staff	Annually	Document number of individuals who know their status but are not in care who participate in the annual AAOI and subsequently enroll in care.

3.2. Investigate the feasibility of an independent client tracker/case finding system.	3.2.1. Investigate current public health client tracking systems in the EMA.	Comprehensive Planning Committee, PC staff	December 31, 2009	Monitor identification and review of current client tracking/case finding system.
	3.2.2. Use data to generate and implement recommendations to increase access to care of people who know their status.	Comprehensive Planning Committee, Executive Committee, RW Grantee, QM Committee	June 30, 2010	Documentation of analysis of research. Monitor development of recommendations to increase access to care of people who know their status.
	3.2.3. Review client tracking system implementation to evaluate success in reducing need in the EMA.	Comprehensive Planning Committee, RW Grantee, QM Committee	June 30, 2011	Monitor implementation of client tracking system. Assess the effectiveness of increasing the number of people linked to care through client tracking mechanisms.

Goal 4: To coordinate and integrate care and treatment services with HIV prevention programs.				
Objectives	**Strategies**	**Accountability**	**Completion Date**	**Evaluation**
4.1. Assure that RW Part A- funded primary care providers are compliant with the most currently adopted standards described in "Incorporating HIV Prevention into the Medical Care of Persons Living with HIV", MMWR, July 18, 2003: volume 52, number RR-12.	4.1.1. Assess provider implementation progress with standards.	QM Committee, RW Grantee	Ongoing	Contract monitoring to assess provider compliance with standards and indicators.
	4.1.2. Identify barriers, problems, and needs for technical assistance.	QM Committee, RW Grantee	Ongoing	Written report of findings • Patterns of compliance • Identified barriers • Identification of TA needs
	4.1.3. Provide technical assistance as needed.	QM Committee, RW Grantee, Primary Care Task Force	Ongoing	Contract monitoring post receipt of TA.
4.2. Facilitate collaboration with the Georgia Community Planning Group to maximize coordination concerning the availability of primary care services and facilitate linkages to primary care so that 90% of prevention providers are aware of the availability of primary care services.	4.2.1. Establish and maintain a working relationship with the Georgia Community Planning Group (CPG).	Comprehensive Planning Committee	Ongoing	Documentation of working relationship with Georgia CPG.
	4.2.2. Jointly develop an action plan to strengthen linkages between prevention and care.	Comprehensive Planning Committee, Executive Committee	Ongoing	Written action plan to strengthen linkages.
	4.2.3. Implement action plan and monitor effectiveness of coordinating primary care services with HIV prevention.	Comprehensive Planning Committee, Executive Committee	Ongoing	Documentation of increased awareness among prevention service providers of availability of primary care services.

Goal 5: To coordinate care and treatment services with mental health and substance abuse counseling and treatment programs.				
Objectives	**Strategies**	**Accountability**	**Completion Date**	**Evaluation**
5.1. Ensure that HIV positive individuals with substance abuse (SA) and/or mental health (MH) co-morbidities have access to both SA/MH and HIV primary care.	5.1.1. Develop working relationship with Part A and non-Part A funded mental health and substance abuse services.	MH/SA Task Force, PC staff, Primary Care Provider Task Force	Ongoing	Review documentation of establishment of working relationship between Part A and non-Part funded MH/SA providers.
	5.1.2. Develop effective mechanisms to link clients who are HIV positive and have SA and/or MH issues with needed services.	MH/SA Task Force, PC staff, Primary Care Provider Task Force	Ongoing	Examination of identified barriers and service use patterns Generation of recommended mechanisms to address barriers Monitor implementation of revised service delivery mechanisms Review of service use patterns post implementation of mechanisms.

Goal 6: To improve the Planning Council's capacity to function effectively as a planning body.				
Objectives	**Strategies**	**Accountability**	**Completion Date**	**Evaluation**
6.1. Assure Planning Council members are made aware of their roles, responsibilities, tasks, and timelines in the 2009-2011 Comprehensive Care Plan.	6.1.1. Provide training on planning, evaluation and implementation of the Comprehensive Plan.	PC Staff, Comprehensive Planning Committee, Committee and Task Force Chairs, Executive Committee, Evaluation Committee, Planning Council members	Annually in January	Attendance at training Completed surveys to assess member knowledge of Comprehensive Plan roles, responsibilities, tasks, and timelines.
	6.1.2. Provide technical assistance to Committees and Task Forces in implementation of the plan.		Ongoing	Number and type of TA provided.
	6.1.3. Develop and present detailed annual work plan to Executive Committee and Planning Council.		Annually	Monitor development of detailed annual work plan. Summary of annual plan suggestions submitted by Committees and Task Forces.
	6.1.4. Assess annual plan progress and modify Comprehensive Plan as needed.		Bimonthly, ongoing	Monitor annual plan progress through written reports to Executive Committee and Planning Council. Monitor Comprehensive Plan modifications.
	6.1.5. Assess the structure and processes of the Planning Council.		Bimonthly, ongoing	Monitor assessment of Planning Council structure and processes.
	6.1.6. Analyze findings and revise		Bimonthly,	Written report that includes

	structures and processes as needed.		ongoing	analysis of assessment findings and recommended structure and process revisions.

Section 4 – How will we monitor our progress: How will we evaluate our progress in meeting our short- and long-term goals?

Implementation, Monitoring, and Evaluation Plan

The Atlanta EMA's Comprehensive Plan contains the overarching directives which guide the Planning Council, Committees, Task Forces, and Consumer Caucus in their planning process. Ongoing monitoring, evaluation, and adjustment of the plan are critical in continuing to ensure that available HIV/AIDS resources in the Atlanta EMA are maximized and the use of these resources are prioritized when changes to the system are needed.

The EMA uses several methods to monitor progress on meeting short and long-term goals and delivering quality services that meet the needs of persons with HIV/AIDS. Chart reviews are used to assess provider compliance and client satisfaction surveys provide information on level of satisfaction with services provided. For example, all eight Part A funded primary care sites participated in a 2008 study to examine the extent to which Ryan White Part A funded primary care sites were providing care that meets quality of care indicators approved by the Atlanta HIV Health Services Planning Council and HRSA's Draft HIV Clinical Quality Performance Measures for Adult/Adolescent Clients[6]. Study findings indicate that overall, the Part A funded primary care sites in the Atlanta EMA are providing high quality HIV primary care.

19 EMA measures and 17 HRSA measures were reviewed. The table below summarizes the number of measures and proportional compliance:

EMA Measures		**HRSA Measures**	
Number of Measures	Compliance	Number of Measures	Compliance
6	≥ 90%	4	≥ 90%
10	≥ 80%	10	≥ 80%
17	≥ 70%	11	≥ 70%

The Atlanta EMA also undertook a Client Satisfaction Survey in July – August, 2008. The survey consisted of eight (8) modules including Ambulatory/Outpatient Care, Food/ Nutrition Services, Oral Health Care, Case Management, Self-Management, Outpatient Mental Health Services, Outpatient Substance Use Treatment, and Peer Counseling Services.

6 A copy of the indicators can be found in Appendix 4

In addition to other questions, the survey asked "How satisfied are you with the services you have received?" The survey results indicate a general level of satisfaction with services. The following table provides the results by service module.

SERVICE MODULE	Number of Responses	% Indicating Overall Satisfaction
Ambulatory /Outpatient Care [English]	655	97%
Ambulatory /Outpatient Care [Spanish]	39	100%
Case Management [English]	233	94.4%
Case Management [Spanish]	30	90%
Food/Nutrition [English]	36	86.1%
Food/Nutrition [Spanish]	6	100%
Oral Health [English]	239	97.5%
Oral Health [Spanish]	17	94.1%
Mental Health [English]	186	98.3%
Mental Health [Spanish]	19	100%
Substance Abuse [English]	55	94.5%
Substance Abuse [Spanish]	4	100%
Peer Counseling [English]	128	96.9%
Peer Counseling [Spanish]	11	100%

Implementation, monitoring, and evaluation of the EMA's 2009-2011 Comprehensive Plan:
To ensure a coordinated approach to implementation, monitoring, and evaluation of the EMA's 2009-2011 Comprehensive Plan and its short and long-term goals, the following mechanisms will be used:

1) The Planning Council staff, Executive Committee, Council Committees, Task Forces, and Consumer Caucus will review the 2009-2011 Comprehensive Plan to identify roles and responsibilities, tasks, evaluation measures, and indicators for each plan goal and corresponding objectives and strategies.
2) Committee, Task Force, and Caucus Chairs will develop annual work plans that will guide their activities for each year.
3) Accountable Committee, Task Force and Caucus Chairs will provide the Executive Committee and Planning Council with written bimonthly reports on annual plan progress to date, including identification of implementation barriers/problems and next steps as appropriate.
4) Client-level data and clinical outcomes will be used to assess the efficacy and effectiveness of mechanisms to ensure access and delivery of quality services.
5) The annual plan will be modified as needed.
6) Based on reported progress, the Comprehensive Plan Committee will use feedback to make recommendations for revision of the three-year Comprehensive Plan.

7) An annual review of the three-year Comprehensive Plan will be conducted by the full Comprehensive Plan Group (chairs of Committees, Task Forces, and the Consumer Caucus). The plan will be updated as appropriate.
8) The Chair of the Planning Council will present the annual report to the Planning Council, highlighting past accomplishments, identified gaps and barriers, and future plans.

Acronyms

AAOI – African American Outreach Initiative
CDC – Centers for Disease Control and Prevention
CPG – Community Planning Group
CSB – Community Service Board
CT – Counseling and Testing
CY – Calendar Year
DHR – Department of Human Resources
DOC – Department of Corrections
EMA – Eligible Metropolitan Area
FPL – Federal Poverty Level
FY – Fiscal Year
GA – Georgia
GCPG – Georgia Community Planning Group
HARS – HIV/AIDS Reporting System
HIV – Human Imnunodeficiency Virus
HOPWA – Housing Opportunities for People with AIDS Program
HRSA – Health Resources and Services Administration
ID – Infectious Disease
IDP – Infectious Disease Program
LIS – Low Income Subsidy
MAI – Minority AIDS Initiative
MH – Mental Health
MHDDAD – Mental Health, Developmental Disabilities, Addictive Diseases
MH/SA – Mental Health/Substance Abuse
MSM – Men Who Have Sex with Men
NNRTI - Non-nucleoside Reverse Transcriptase Inhibitors
OH – Oral Health
OHC – Oral Health Care
PAP – Patient Assistance Program
PC – Planning Council
PI – Protease Inhibitor
PLWA – People Living with AIDS
PLWH – People Living with HIV
PLWH/A – People Living with HIV/AIDS
QM – Quality Management
RTI – Reverse Transcriptase Inhibitor
RW – Ryan White
SEATEC – Southeast AIDS Training and Education Center
SCHIP – State Child Health Insurance Program
SCSN – Statewide Coordinated Statement of Need
SPNS – Special Project of National Significance
STD – Sexually Transmitted Disease
STI – Sexually Transmitted Infection
TA – Technical Assistance
YMSM – Young Men Who Have Sex with Men

Appendix 1
ATLANTA EMA RESOURCE INVENTORY

Note: Services are based on agency eligibility and availability.

PROVIDER	SERVICE AREA	EARLY INTERVENTION	OUTREACH/CASE FINDING	PEER EDUC./CO.	HEALTH ED/RISK REDUCTION	COUNSELING & TESTING	HIV MEDICAL CARE	DENTAL CARE	MEDICATIONS	CASE MGT.	SUPPORT GROUPS	MENTAL HEALTH CO.	SUBSTANCE ABUSE TX	HOME HEALTH	HOSPICE	OB CARE FOR + WOMEN	EMERGENCY ASST.	TRANSLATION ASST.	FINANCIAL ASST.	HOUSING ASSST.	FOOD/NUTRITION ASST	TRANSPORTATION ASSISSTANCE	LEGAL SERVICES
Absolute Wellness	Atlanta EMA										x	x											
AESM	Atlanta EMA		x	x	x	x	x					x	x					x	x	x	x	x	
AID Atlanta	Atlanta EMA		x			x	x		x	x	x	x							x	x			
AID Gwinnett	Gwinnett, Rockdale, Newton		x	x	x	x	x	x	x	x	x	x					x	x	x	x	x	x	
AIDS Alliance for Faith and Health	Metro Atlanta				x						x	x											
AIDS Legal Project	Atlanta																						x
AIDS Research Consortium of Atlanta (ARCA)	Atlanta				x	x												x					
Alpha and Omega AIDS Foundation	Atlanta										x												
AM Ministries	Carroll and Spalding counties																		x	x			
ANIZ, Inc.	Atlanta		x		x						x	x	x					x					
Association of Nurses in AIDS Care	Metro Atlanta				x																		

PROVIDER	SERVICE AREA	EARLY INTERVENTION	OUTREACH/CASE FINDING	PEER EDUC./CO.	HEALTH ED/RISK REDUCTION	COUNSELING & TESTING	HIV MEDICAL CARE	DENTAL CARE	MEDICATIONS	CASE MGT.	SUPPORT GROUPS	MENTAL HEALTH CO	SUBSTANCE ABUSE TX	HOME HEALTH	HOSPICE	OB CARE FOR + WOMEN	EMERGENCY ASST.	TRANSLATION ASST	FINANCIAL ASST.	HOUSING ASSST.	FOOD/NUTRITION ASST	TRANSPORTATION ASSISSTANCE	LEGAL SERVICES
Atlanta Area Service Group	Metro Atlanta and around Georgia											x											
Atlanta Harm Reduction Center	Atlanta		x								x		x										
Atlanta Union Mission Men and Women Homeless Shelters	Atlanta																			x			
Atlanta Urban Ministries	Atlanta																				x		
Care and Counseling Center of Georgia	Atlanta											x											
Caring Corner	Carroll, Coweta, Fayette, and Spalding counties				x		x	x		x											x	x	
Center for Black Women's Wellness	Atlanta					x																	
Center for Family Resources	Atlanta (one time rent and utility assistance)																		x	x	x		

PROVIDER	SERVICE AREA	EARLY INTERVENTION	OUTREACH/CASE FINDING	PEER EDUC./CO.	HEALTH ED/RISK REDUCTION	COUNSELING & TESTING	HIV MEDICAL CARE	DENTAL CARE	MEDICATIONS	CASE MGT.	SUPPORT GROUPS	MENTAL HEALTH CO.	SUBSTANCE ABUSE TX	HOME HEALTH	HOSPICE	OB CARE FOR + WOMEN	EMERGENCY ASST.	TRANSLATION ASST.	FINANCIAL ASST.	HOUSING ASSST.	FOOD/NUTRITION ASST	TRANSPORTATION ASSISTANCE	LEGAL SERVICES
Center for Pan-Asian Community Services	Atlanta EMA		x	x		x				x		x						x					
Clayton College and State University Dental Hygiene Department	Clayton (cleaning and xrays only)							x															
Clayton County Board of Health	Clayton Co.	x			x		x		x	x		x									X		
Clayton Mental Health Substance Abuse Center	Clayton Co.											x	x										
Clifton Sanctuary Ministries Shelter	Atlanta																			x			
Clifton Springs Physical Health Center	Atlanta					x																	
Cobb Board of Health	Cobb & Douglas Co. Atlanta EMA	x			x	x	x	x	x	x	x	x									x		
Coffee Wellness Center	Douglas County				x	x	x																

PROVIDER	SERVICE AREA	EARLY INTERVENTION	OUTREACH/CASE FINDING	PEER EDUC./CO.	HEALTH ED/RISK REDUCTION	COUNSELING & TESTING	HIV MEDICAL CARE	DENTAL CARE	MEDICATIONS	CASE MGT.	SUPPORT GROUPS	MENTAL HEALTH CO	SUBSTANCE ABUSE TX	HOME HEALTH	HOSPICE	OB CARE FOR + WOMEN	EMERGENCY ASST.	TRANSLATION ASST.	FINANCIAL ASST.	HOUSING ASSST.	FOOD/NUTRITION ASST.	TRANSPORTATION ASSISSTANCE	LEGAL SERVICES
Crawford Long Hospital Infectious Disease Clinic	Atlanta				x		x			x													
DeKalb County Addiction Clinic	DeKalb County											x	x										
DeKalb Board of Health	Atlanta EMA					x	x	x	x		x	x	x										
DeKalb Prevention Alliance	DeKalb				x						x		x										
Douglasville Community Health Center	Douglas County					x																	
Edgewood SRO	Atlanta																			x			
Emory Psychological Counseling Center	Atlanta											x											
Families First	Atlanta											x											
Family MASAI AIDS Project	Atlanta		x																				
Feed the Hungry Foundation	Atlanta																				x		

PROVIDER	SERVICE AREA	EARLY INTERVENTION	OUTREACH/CASE FINDING	PEER EDUC./CO.	HEALTH ED/RISK REDUCTION	COUNSELING & TESTING	HIV MEDICAL CARE	DENTAL CARE	MEDICATIONS	CASE MGT.	SUPPORT GROUPS	MENTAL HEALTH CO	SUBSTANCE ABUSE TX	HOME HEALTH	HOSPICE	OB CARE FOR + WOMEN	EMERGENCY ASST.	TRANSLATION ASST	FINANCIAL ASST.	HOUSING ASSST.	FOOD/NUTRITION ASST	TRANSPORTATION ASSISSTANCE	LEGAL SERVICES
Feminist Women's Health Center	Atlanta					x																	
First Call for Help	Atlanta											x							x	x	x		
First Metropolitan Community Church	Atlanta																				x		
Floyd County Board of Health	Bartow and Paulding counties	x					x	x	x	x							x			x	x	x	
Fulton County Health Dept.	Fulton, Atlanta EMA					x	x	x	x		x	x						x				x	
Gay and Lesbian AA Club	Atlanta												x										
Genesis Shelter for women and newborns	Atlanta																			x			
Georgia Council for the Hearing Impaired	Atlanta, Statewide											x											
Georgia Department of Corrections	Statewide									x													
Georgia Law Center for the Homeless	Statewide																						X

PROVIDER	SERVICE AREA	EARLY INTERVENTION	OUTREACH/CASE FINDING	PEER EDUC./CO.	HEALTH ED/RISK REDUCTION	COUNSELING & TESTING	HIV MEDICAL CARE	DENTAL CARE	MEDICATIONS	CASE MGT.	SUPPORT GROUPS	MENTAL HEALTH CO	SUBSTANCE ABUSE TX	HOME HEALTH	HOSPICE	OB CARE FOR + WOMEN	EMERGENCY ASST.	TRANSLATION ASST.	FINANCIAL ASST.	HOUSING ASSST.	FOOD/NUTRITION ASST	TRANSPORTATION ASSISSTANCE	LEGAL SERVICES
Georgia Legal Services - Atlanta	Statewide																						x
Georgia Mutual Assistance Association Consortium	Statewide – services for refugees and immigrants		x															x					
Georgia Perimeter College Dental Hygiene Clinic	Atlanta							x															
Georgia Regional Hospital	Atlanta											x											
Georgia State University Psychology Clinic	Atlanta										X	x											
Gift of Grace Home	Atlanta																			x			
Grady Infectious Disease Program (IDP)	Atlanta EMA			x	x		x	x	x	x	X	x	x					x		x	x	x	
Grady Women's Health Services	Fulton and DeKalb Counties/Atlanta EMA				x	x	x	x	x	x	X	x				x		x	x	x	x	X	

PROVIDER	SERVICE AREA	EARLY INTERVENTION	OUTREACH/CASE FINDING	PEER EDUC./CO.	HEALTH ED/RISK REDUCTION	COUNSELING & TESTING	HIV MEDICAL CARE	DENTAL CARE	MEDICATIONS	CASE MGT.	SUPPORT GROUPS	MENTAL HEALTH CO	SUBSTANCE ABUSE TX	HOME HEALTH	HOSPICE	OB CARE FOR + WOMEN	EMERGENCY ASST.	TRANSLATION ASST	FINANCIAL ASST.	HOUSING ASSST.	FOOD/NUTRITION ASST	TRANSPORTATION ASSISSTANCE	LEGAL SERVICES
Gwinnett County Board of Health	Gwinnett, Newton, Rockdale counties	x				x	x	x	x	x													
Gwinnett County Mental Health Center	Gwinnett County											x											
Hall County Board of Health	Forsyth County	x					x	x	x	x							x				x		
Haven of Hope	Carroll, Coweta, Fayette, Henry, and Spalding counties				x		x	x		x											x	x	
Hemophilia of Georgia	Statewide (for people with bleeding disorders and their partners)					x																	
Home But Not Alone	Atlanta																			x			
IMANI Project	Atlanta	x			x						X												
Jerusalem House	Atlanta											x								x			
Kirkwood Mental Health Clinic	Atlanta																						
La Gender	Atlanta		x		x						X												
Legacy House	Atlanta																			x			
Legacy Village	Atlanta																			x			

PROVIDER	SERVICE AREA	EARLY INTERVENTION	OUTREACH/CASE FINDING	PEER EDUC./CO.	HEALTH ED/RISK REDUCTION	COUNSELING & TESTING	HIV MEDICAL CARE	DENTAL CARE	MEDICATIONS	CASE MGT.	SUPPORT GROUPS	MENTAL HEALTH CO.	SUBSTANCE ABUSE TX	HOME HEALTH	HOSPICE	OB CARE FOR + WOMEN	EMERGENCY ASST.	TRANSLATION ASST	FINANCIAL ASST.	HOUSING ASSST.	FOOD/NUTRITION ASST	TRANSPORTATION ASSISSTANCE	LEGAL SERVICES
Link Counseling Center	Atlanta and Marietta										X	x											
Living Room	Atlanta EMA															x				x			
Marietta Mental Health	Marietta											x											
Matthew's Place	Atlanta																			x			
Michelle Antionette Jones Crisis Center, Inc.	Atlanta									x		x	x										
Midtown Assistance Center	Atlanta																		x		x		
Miracles AIDS Network	Atlanta		x		x					x	X	x	x										
Morehouse School of Medicine, PADP	Atlanta EMA				x		x		x	x									x	x	x	x	
National AIDS Education and Services for Minorities	Atlanta		x	x	x	x					X	x					x			x	x	x	
National Black Men's Health Network	Atlanta		x		x																		
New Start	Atlanta												x							x			

PROVIDER	SERVICE AREA	EARLY INTERVENTION	OUTREACH/CASE FINDING	PEER EDUC./CO.	HEALTH ED/RISK REDUCTION	COUNSELING & TESTING	HIV MEDICAL CARE	DENTAL CARE	MEDICATIONS	CASE MGT.	SUPPORT GROUPS	MENTAL HEALTH CO	SUBSTANCE ABUSE TX	HOME HEALTH	HOSPICE	OB CARE FOR + WOMEN	EMERGENCY ASST.	TRANSLATION ASST	FINANCIAL ASST.	HOUSING ASSST.	FOOD/NUTRITION ASST	TRANSPORTATION ASSISSTANCE	LEGAL SERVICES
New Visions Women's Program	Atlanta												x										
North DeKalb Mental Health Center	DeKalb											x											
Northside Behavioral Health	Atlanta											x	x										
Northwest Georgia Specialty Care Clinic	Bartow and Paulding counties						x																
Outreach , Inc.	Atlanta		x	x	x	x					X											x	
Planned Parenthood of Georgia	Atlanta				x	x																	
Positive Impact	Atlanta EMA		x	x	x						X	x											
Positive Response	Carroll, Coweta, Fayette and Spalding counties				x		x			x	X										x	x	
Project DUNBAAR	Atlanta				x																		
Project Open Hand – Atlanta	Atlanta plus limited areas in Cobb, Clayton, Gwinnett Co.																				x		

PROVIDER	SERVICE AREA	EARLY INTERVENTION	OUTREACH/CASE FINDING	PEER EDUC./CO.	HEALTH ED/RISK REDUCTION	COUNSELING & TESTING	HIV MEDICAL CARE	DENTAL CARE	MEDICATIONS	CASE MGT.	SUPPORT GROUPS	MENTAL HEALTH CO	SUBSTANCE ABUSE TX	HOME HEALTH	HOSPICE	OB CARE FOR + WOMEN	EMERGENCY ASST.	TRANSLATION ASST	FINANCIAL ASST.	HOUSING ASSST.	FOOD/NUTRITION ASST	TRANSPORTATION ASSISSTANCE	LEGAL SERVICES
Raksha, Inc.	Atlanta – assistance for immigrants from India, Pakistan, Bangladesh, Bhutan, Nepal, Sri Lanka			x														x					
Ropheka Rock of the World, Inc.	Atlanta		x																				
Salvation Army	Atlanta												x						x	x	x		
Secular Organizations for Sobriety (SOS)	Atlanta												x										
Shepherd's Inn	Atlanta												x							x	x		
Shrine of the Immaculate Conception	Atlanta																				x		
SisterLove, Inc.	Atlanta EMA		x	x	x																	x	
Someone Cares, Inc.	Atlanta		x		x	x					X										x		
Southside Medical Care Substance Abuse Center	Atlanta												x										
St. Ann's AIDS Ministry	Cobb and North Fulton																				x	x	
St. Joseph's Mercy Care	Atlanta EMA		x		x	x	x	x		x	X	x					x	x			x	x	

PROVIDER	SERVICE AREA	EARLY INTERVENTION	OUTREACH/CASE FINDING	PEER EDUC./CO.	HEALTH ED/RISK REDUCTION	COUNSELING & TESTING	HIV MEDICAL CARE	DENTAL CARE	MEDICATIONS	CASE MGT.	SUPPORT GROUPS	MENTAL HEALTH CO	SUBSTANCE ABUSE TY	HOME HEALTH	HOSPICE	OB CARE FOR + WOMEN	EMERGENCY ASST.	TRANSLATION ASST.	FINANCIAL ASST.	HOUSING ASSST.	FOOD/NUTRITION ASST.	TRANSPORTATION ASSISSTANCE	LEGAL SERVICES
St. Jude's Recovery Center	Atlanta												x										
St. Mark United Methodist Church	Atlanta										X												
St. Thomas the Apostle	South and West Cobb County																				x		
St. Vincent de Paul Society	Atlanta																		x				
Sullivan Center	Clayton, DeKalb, and Fulton counties																		x				
Task Force for the Homeless	Atlanta																			x			
TEAM Survival Project	Atlanta		x																				
Travelers Aid of Metro Atlanta	Atlanta											x								x		x	
Troup County Board of Health	Carroll, Coweta, Fayette, Henry, and Spalding counties	x				x	x	x		x							x					x	
Veterans Affairs Medical Center ID Clinic	Statewide – veterans only					x	x				X	x											

PROVIDER	SERVICE AREA	EARLY INTERVENTION	OUTREACH/CASE FINDING	PEER EDUC./CO.	HEALTH ED/RISK REDUCTION	COUNSELING & TESTING	HIV MEDICAL CARE	DENTAL CARE	MEDICATIONS	CASE MGT.	SUPPORT GROUPS	MENTAL HEALTH CO	SUBSTANCE ABUSE TX	HOME HEALTH	HOSPICE	OB CARE FOR + WOMEN	EMERGENCY ASST.	TRANSLATION ASST.	FINANCIAL ASST.	HOUSING ASSST.	FOOD/NUTRITION ASST	TRANSPORTATION ASSISSTANCE	LEGAL SERVICES
Visiting Nurse	Atlanta EMA													x									
Welcome House	Atlanta																			x			
Wellness House	Atlanta																			x			
Whitfield County Board of Health	Cherokee County	x				x	x	x	x								x				x	x	
Wholistic Stress Control	Atlanta		x		x																		
Winn Way Mental Health Center	DeKalb County											x											
Women's Resource Center for Battered Women and Their Children	Atlanta																			x			
World Youth Alliance, Inc.	Atlanta				x																		
Youth Pride	Atlanta		x		x	x																	

* Many providers that offer HIV medical care work with local OB/GYNs to provide care for HIV positive pregnant women.

Additional Resources

HIV/AIDS Information Lines/Services

- Centers for Disease Control and Prevention National STD/AIDS Hotline - statewide
- Feminist Women's Health Center – statewide women's health help line
- Georgia AIDS/STD Information Line – statewide
- Helpline Georgia – statewide
- MIST Line (Medical Information Service via telephone) – for health care providers statewide
- National HIV Telephone Consultation Service – for health care providers statewide
- Public Health Information Line – statewide
- M.O.M.A.S. (Mothers on a Mission Against AIDS) (confidential support and information for families affected by HIV) – Macon
- Project Inform HIV Treatment Hotline – statewide
- Project WISE (Women's Information Service and Exchange) – statewide
- St. Ann's AIDS Ministry Phone Line - Cobb and North Fulton
- Veterans Affairs Medical Center ID Clinic – information services only available to veterans

Advocacy

- AID Gwinnett (client services) – Gwinnett, Rockdale, Newton
- AIDS Legal Project – statewide
- AIDS Survival Project – statewide advocacy training through Positive Action Network
- ANIZ, Inc. – Atlanta
- Center for Women Policy Studies – statewide
- Committee of Ten Thousand (grassroots nonprofit advocacy and policy group for people who contract HIV and/or HCV through blood products)
- Georgia Equality - statewide
- Georgia AIDS Coalition – statewide
- Mothers' Voices/Atlanta Chapter
- SisterLove, Inc.

Clinical Research

- AIDS Research Consortium of Atlanta (ARCA)
- Grady Health System Infectious Disease Program Emory AIDS Clinical Trials Unit
- Emory Center for AIDS Research (CFAR)
- Hope Clinic of the Vaccine Research Center
- Medical College of Georgia Pediatric Clinic
- SHARE Project
- Veterans Affairs Medical Center ID Clinic (available only to veterans)

Practical Support Services

- ChildKind (child care) – Atlanta
- My Brothaz Home, Inc. – Savannah
- Sisterhood (services and supports for women) – Macon
- AIDS Now Grasps Every Living Soul (ANGELS) (practical support) – Milledgeville

- Extended Sisters (social support to women of color and male mentoring) – Columbus
- Presbyterian Student Center (social and spiritual support) – Athens
- Survivors Support Group – Albany
- Rainbow Partners – Waycross
- Union Mission Phoenix Project – Savannah
- Amethyst Project – Statesboro
- AIDS Alliance for Faith and Health - Atlanta
- Pets Are Loving Support (PALS) – Atlanta
- St. Ann's AIDS Ministry – Cobb, North Fulton
- St. Mark United Methodist Church - Atlanta
- Vocational Rehabilitation Services – statewide
- ANIZ, Inc. (therapeutic support for HIV affected children) - Atlanta

Spiritual Support

- Alpha and Omega AIDS Foundation - Atlanta
- AIDS Alliance for Faith and Health – Atlanta
- Care and Counseling Center of Georgia
- Catholic Archdiocese of Atlanta HIV/AIDS Ministry Office – Atlanta
- Congregation Bet Haverim – Atlanta
- First Metropolitan Community Church – Atlanta
- Grady Infectious Disease Program Chaplain – Atlanta EMA
- Greater Piney Grove Baptist Church – Embrace HIV/AIDS Ministry - Atlanta
- Hillside Chapel and Truth Center – Life Ministry – Atlanta
- Jewish Family and Career Services – Atlanta
- Lutheran Church of the Redeemer – Atlanta
- Lutheran Services of Georgia
- Men of Color in Motion - Atlanta
- North Decatur Presbyterian Church AIDS Ministry – Atlanta
- Oakhurst Baptist Church – Atlanta
- Presbyterian AIDS Network – Atlanta
- St. Phillip Benizi Catholic Church AIDS Ministry – Atlanta
- Salvation Army Red Shield Services – Atlanta
- Shrine of the Immaculate Conception – Atlanta
- St. Ann's AIDS Ministry – Atlanta
- St. Joseph's Mercy Care Services - Atlanta
- St. Mark United Methodist Church – Atlanta
- St. Thomas the Apostle – Atlanta

Buddy Programs

- AID Atlanta – Atlanta EMA
- AIDS Alliance for Faith and Health – Atlanta
- Someone Cares, Inc. - Atlanta

Furniture/Clothing

- AID Atlanta – Atlanta EMA
- First Call for Help – Atlanta
- Furniture Bank - Atlanta
- Michelle Antoinette Jones Crisis Center – Atlanta
- Midtown Assistance Center Assistance Line – Atlanta
- Miracles AIDS Network – Atlanta
- National Education and Services for Minorities
- Salvation Army Family Emergency Services – Atlanta
- Someone Cares, Inc. of Atlanta

Wellness

- Absolute Wellness – Atlanta
- AID Gwinnett-Gwinnett, Rockdale, Newton
- AIDS Treatment Initiatives

Other

- Georgia Council for the Hearing Impaired (education, counseling, support and referrals to helping agencies) – statewide
- Georgia Relay (telephone relay system for putting hearing persons and hearing-impaired persons who use TTY telephone machines in contact with one another) - statewide
- Hemophilia of Georgia, Inc. – statewide
- Office of Minority Health – statewide technical assistance program support for minority CBOs
- American Red Cross chapters throughout state (HIV/AIDS training)
- Open Arms Home for Medically Fragile Children (residential direct care for children under the age of four with HIV/AIDS. Operated by Lutheran Services of Georgia) – Savannah
- ChildKind, Inc. (foster care for children affected by HIV) – Atlanta

Appendix 2: Atlanta EMA Continuum of Care table

Need	Provider Agency	Brief Description of Service	Fee	Responsible Party	Funding	Location	Service Capacity	Current Level	Eligibility	Other			
Medical Care and Treatment	Grady IDP				RW								
	Emory Crawford Long	Specialty Care, Hepatitis & STD Clinics, labs			RW	550 Peachtree Street Medical Office Tower 7th Floor Atlanta 30308							
	AID Atlanta	HIV Primary care and STD treatment services for clients 300% at or below FPL. Services include full range of HIV care and treatment, HIV and adherence education, nutrition counseling, medication treatment and management, labs, access to ADAP, PAPs, transportation, language interpretation, case management and MH services.	Based on RW allowable charges guidelines		RW Part A	1905 Peachtree St NE, Atlanta, GA 30309	360-450 clients	78%	HIV+, Residency 20 County, Income at or below 300%	Wellness Clinic	M-F 8:30-7pm, Every 2nd and 4th Saturday from 10am-2pm, every 2nd and 4th Friday from 8:30-12		
	AID Gwinnett	Primary Care, Immunizations, wellness exams, gyn, vaccines and specialty care referrals.	sliding scale, medicaid, medicare, private insurance	Client	RW	Ric Crawford Clinic 3075 Breckinridge Blvd. Suite 415, Duluth GA 30096		318	HIV +				
	Saint Joseph's Mercy Care Services, Inc.	CPE, evaluations,treatment, labs		patient	RW	424 Decatur Street	325	325	proof of residence, income, third p	photo ID			
	Fulton County Dept of Health and Wellness				RW								
	Cobb/Douglas Board of Health	Primary Care			RW	1650 County Services Parkway, Marietta 3008							
	BRAC Center / Absolute Wellness	Acupuncture, Chiropractic Services, Reiki, Massage	fee			139 Ralph McGill Blvd Suite 103 Atlanta 30308							
	Morehouse School of Medicine ID Program												
	VA Medical Center	primary care, tertiary care, and long-term care in medicine, surgery, mental health, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics, and extended care. 173 operational inpatient beds.			Veteran's Admin.	1670 Clairmont Road Decatur, GA 30033, with outpatient clinics in Smyrna & East Point			veterans only				
	Visiting Nurse Health System	Inpatient & in-home hospice, private duty nursing/home health aides, infusion therapy, physical, respiratory, occupational & speech therapies	medicaid			1244 Park Vista Drive Atlanta 30319							
	Atlanta Harm Reduction Coalition, Inc.	HIV Hepatitis A & B vaccinations, TB screening for adults engaged in high-risk lifestyles, including active or chronic relapse substance users/alcoholics, sex workers or homeless				466 Ponce de Leon Ave NE BBB, 2nd Fl Atlanta 30308 & 553 English Ave NW Atlanta 30318							
	Dekalb County Board of Health					Dekalb County							
	Gwinnett County Board of Health					Gwinnett, Newton, Rockdale Counties							
	Clayton County Board of Health					Clayton County							
	Floyd County Board of Health					Paulding County							
	Whitfield County Board of Health					Cherokee County							
	Troup County Board of Health					Carroll, Coweta, Fayette, Henry, Spalding Counties							

Dental Care and Treatment	Saint Joseph's Mercy Care Services, Inc.	preventive, education, periodontal, dentures, crowns, some emergencies, extractions	according to the federal poverty level guidelines	patient	RW	424 Decatur Street, Atlanta, GA 30312	252	337	residence, income, third party payment source	photo ID			
	Dekalb County Board of Health				RW								
	Fulton County Dept of Health and Wellness				RW								
	GA Perimeter College, Dental Hygiene Clinic	dental hygiene periodontal and prophylaxis treatments, radiography, referrals to dentists			self-pay or private insurance, no medicare nor medicaid	Georgia Perimeter College - Dunwoody Campus, Bldg C 2101 Womack Road Dunwoody, GA 30338							
	Grady IDP				RW								
	ADOninnett	Oral Health Care Referrals-cleanings, basic oral health care services, extractions	None	ADI	RW	Dr. Tulley's Office and Augusta School of Med	1945300 per client						
	Clayton College & State University Dental Hygiene Department	dental hygiene periodontal and prophylaxis treatments, radiography, referrals to dentists				Clayton College & State University, Student Center Building, Room D-103 2000 Clayton State Blvd., Morrow 30260							
	VA Medical Center	dentistry			Veteran's Admin	1670 Clairmont Road Decatur, GA 30033, with outpatient clinics in Smyrna & East Point							
Mental Health Care and Treatment	Positive Impact				RW, State								
	AID Atlanta	MH services provided to HIV+ clients. Services include MH screening and assessment, treatment planning, short & long term therapy, MH referrals.	No fee		State	1605 Peachtree St NE. Atlanta, GA 30309	Depends on size of caseload, call for more information	82%	HIV+, Residency 20 County, Income at or below 300%		M-F 8:30-5pm		
	Grady IDP				RAMHRA								
	Dekalb Community Service Board				State	Wren Way Mental Health Center							
	Fulton Community Service Board				State								
	Clayton Center Behavioral Health Services	Physician and Nursing services for the treatment of mood and thought disorders. Assistance with obtaining medications, education for living a healthy lifestyle and connecting with community supports is provided on an individual basis as well as with families and in group settings.			State	Battle Creek Service Center (adults) 863 Battle Creek Road Jonesboro, GA 30236 Child & Adolescents Service Center 6315 Garden Walk Blvd. Riverdale, GA 30274							
	Cobb/Douglas Board of Health	MH therapy			RW Part A, State	1650 County Services Parkway, Marietta 30008							
	Cobb Community Service Board				State								
	GRN Community Service Board				State								
	Integrated Life Center	individual therapy, group counseling, partial hospitalization			State, Private	910 N. Hairston Road Stone Mountain 30083							

	Families First	Individual, group and family counseling	Sliding scale		Private Pay	1105 West Peachtree St NE Atlanta							
	SisterLove, Inc.	Individual counseling (for residents of LoveHouse)				at LoveHouse in SW Atlanta			HIV+ African-American women				
	Aniz	Individual and group MH therapy, Family counseling, Psychiatric services				233 Mitchell Street Suite 200 Atlanta 30303			African-American youths, young adults and families				
	Atlanta Alliance for Faith & Healing	MH therapy				139 Ralph McGill Blvd Suite 105 Atlanta 30308							
	Alpha & Omega HIV/AIDS Foundation & Health Initiatives International, Inc.	Individual and group MH therapy, Pastoral Care				Decatur GA							
	Absolute Wellness, Inc. (The BRAC Center)	Individual therapy				2295 Peachtree Road, N.E. Suite 212 Atlanta 30309							
	The Bridge	residential, therapeutic and educational programs for for sexually and physically abused teens, ages 12-17; assessment/evaluations, treatment, aftercare			Sliding Scale Private Pay	1569 Johnson Road, NW Atlanta 30318							
	Metropolitan Counseling Services	Individual and group counseling	Sliding scale		Private Pay	1900 Century Place, NE, Suite 200 Atlanta 30345							
	National AIDS Education and Services for Minorities	counseling for residents of Gerald's House	No charge	DHR, GA Dept. of MHADD									
	Wholistic Stress Control Institute, Inc.	MH therapy				2545 Benjamin E. Mays Dr, SW Atlanta 30311							
	AIDS Alliance for Faith & Health	in-home MH therapy				139 Ralph McGill Blvd Suite 105 Atlanta 30308							
	Emory Psychological Counseling Center	individual, couples, family and group psychotherapy , comprehensive testing, neuropsychological assessment	Sliding scale		Private Pay	532 Kilgo Circle Atlanta							
	Gwinnett County Mental Health Center												
	Link Counseling Center	individual, couple, family, and group therapy	Sliding scale		Private Pay	348 Mt. Vernon Hwy Sandy Springs & 1820 The Exchange, Suite 600, Atlanta							
	Marietta Mental Health												
	North Dekalb Mental Health Center												
	Northside Behavioral Health	Northside Outpatient Mental Health Center - Offers individual, family and group therapy; medication management. Fees are based on income for Fulton County residents	Sliding scale		Private Pay								
	GA State University Psychology Clinic	individual, couples, family and group psychotherapy , comprehensive testing, neuropsychological assessment			Private Pay	Urban Life Building, Suite 1053, Decatur Street, Atlanta				M-Tu 10-7, w-Thu 9-7, 1st F of month 9-5			
	VA Medical Center	MH primary care, Intensive Psychosis Community Care Program			Veteran's Admin	1670 Clairmont Road Decatur, GA 30033, with outpatient clinics in Smyrna & East Point							
Substance Abuse Care and Treatment	VA Medical Center	Mental Health Case Management and referral for substance abuse treatment and housing			Dept VA								
	Saint Joseph's Mercy Care Services				DHR, GA Dept. of MHADD	424 Decatur Street Atlanta, GA 30312							

	Our Common Welfare	outpatient substance abuse assessment and treatment			RW	3423 Covington Drive Suite B Decatur 30032			HIV+, age 18+, low/no income, commitment to remain substance-free	Day Program M-Th 9 - 2:30, F 9-Noon; Continuing Care Program TWF 6:30-8 PM			
	DeKalb County Addiction Clinic												
	DeKalb Board of Health												
	Clayton Center Behavioral Health Services	Detox, day and evening, residential programs, aftercare groups			State	Battle Creek Service Center (adults) 853 Battle Creek Road Jonesboro, GA 30238 Child & Adolescents Service Center 6315 Garden Walk Blvd. Riverdale, GA 30274							
	St. Jude's Recovery Center	long-term, inner-city treatment program serving homeless and/or low-income adults and families; detox, men's and women's programs, residential and daytime outpatient programs, continuing care services			RW, State, County, Private	Admin office: 139 Renaissance Parkway, NE Atlanta, GA 30308; 7 facilities	men 48 intensive residential treatment beds + 58 "3/4" housing beds (# not specified for women)						
	The Bridge												
	Link Counseling Center												
	Integrated Life Center	outpatient/day treatment for dual diagnosis MH/SA,			medicare, medicaid or private pay	910 N. Hairston Road Stone Mountain 30083			Diagnosed mental illness requiring in-patient care in absence of these services				
	VA Medical Center	SA treatment			Veteran's Admin	1670 Clairmont Road Decatur, GA 30033, with outpatient clinics in Smyrna & East Point							
Medication Assistance (ARV, HAART, PI, etc.)	Saint Joseph's Mercy Care Services		No fee		DHR, GA Dept. of MH/ADD		80%				M-F 8:30-5pm		
	AID Atlanta	Medication Insurance Assistance Specialists and case managers provide access to medication assistance programs such as ADAP, PAPs as well as Insurance Continuation assistance. Services include helping eligible clients to apply for such assistance programs including initial certifications and recertifications, advocacy and follow up with DHR, Grady Pharmacy, insurance carriers, etc.			RW Part A , State	1605 Peachtree St NE. Atlanta, GA 30309			HIV+, Residency 20 County, Income at or below 300%				
	Grady IDP	first three months while new patients get enrolled on ADAP						198					
Transportation	AIDSmart												
	Medicaid				Medicaid								
	Saint Joseph's Mercy Care Services	appointments, referrals to other sites			RW	424 Decatur Street							
	MARTA - various agencies				RW								
Interpretation Services	Grady IDP												

	Saint Joseph's Mercy Care Services	Interpretation, translation			RW	424 Decatur Street						
	AID Atlanta, Inc.	Provides language interpretation services to individuals enrolled in the clinic. Also provides Sign Language interpretation Services for the Deaf and Hard of Hearing Community to attend their medical related appointments.	No fee		RW Part A	Arranged through the DHOH case manager at 404-870-7700	144hrs/yr		HIV+, Residency 20 County, Income at or below 300%	Must be case managed	M-F 8:30-5pm	
Case Management	AID Atlanta, Inc.	Provides case management and support services to clients to help link them into medical care, and other social support services needed to increase clients' access to medical care and improve retention in care. Through case management clients can get assistance with enrolling into entitlement programs, medication assistance programs, housing assistance programs, substance abuse, MH and other social support services.	No fee		RW Part A HOPWA, State DHR, RW Part D	1605 Peachtree St (Main Office), Grady IDP, Dekalb BOH, Fulton County Health & Wellness Clinic, Jonesboro Health Department, St. Joseph's Mercy Care, Cobb County BOH, Atlanta City Jail, Dekalb County Jail, Fulton County Jail,Our Common Welfare, Matthew's Place, Living Room, Welcome House, Jerusalem House, Legacy House/Village, and The Edgewood	3300	84%	HIV+, Residency 20 County, Income at or below 300%		M-F 8:30-5pm, also depends on site location, special hours available upon request	
	AID Outreach				RW			383					
Peer Support / Psychosocial Support	Atlanta Harm Reduction Coalition, Inc.	Men's Group, Women's Group				468 Ponce de Leon Avenue, NE 888 2nd Floor Atlanta 30309 & 553 English Avenue NW Atlanta 30318						
	AHA!	Support groups, incl. gender-related/life-styles				233 Mitchell Street Suite 200 Atlanta 30303						
	AIDS Alliance for Faith and Health	Support group (Common Ground)				138 Ralph McGill Blvd Suite 108 Atlanta 30308				11 AM M-F		
	AIDS Survival Project				RW							
	Absolute Wellness (BRAC Center)	Men of Color in Motion Group, Heterosexual Social Group, Women's Support Group, Gay-Bisexual-Transgendered Group, Transgendered Group, Sero-discordant Group, Newly Diagnosed Group, Substance Abuse Group			RW	2285 Peachtree Road, NE Suite 212 Atlanta 30309						
	National AIDS Education & Services for Minorities, Inc.	Speaking in the Black discussion group for HIV+ MSM with or without AIDS, peer counseling	free		RW	2140 Martin Luther King Jr. Dr, Atlanta 30310				Men of Color in Motion Group Thurs 6:30 - 8:30 PM; Positive Heterosexual Group Last Saturday, Monthly		
	Our Common Welfare	support groups for women, straight men, gay/bisexual men, & mixed gender/sexual orientation				3423 Covington Drive Suite B Decatur 30032				M-F 9 -6		

	Integrated Life Center	Support Groups			RW	910 N. Hairston Road Stone Mountain 30083				women Mon 6:30 PM, straight men Mon 6:30 PM, gay/bi men Tues 6:30 PM, mixed gender/sexual orientation Wed 6:30 PM			
	LaGender, Inc.	Transgender/transsexual support group				233 Mitchell Street, Suite 515 Atlanta 30308							
	Hillside Chapel & Truth Center Life Ministry	Spiritual group, support group				2480 Cascade Road, S.W. Atlanta 30311				Thursdays 6 - 7:30 PM			
	Miracles AIDS Network, Inc.	Heterosexuals support group				267 Silvathorne Circle Douglasville 30134							
	AID Atlanta				RW								
	AID Gwinnett	Client Navigation Program, Intake Assessment Program			RW								
	The Debbie Thomas L.I.F.E. Project	Men of Color, Positive Heterosexual, and Women's support groups				5283 Old Trail Circle Stone Mtn 30088							
Emergency Assist / Utility Bills	AID Atlanta				RW								
	Saint Joseph's Mercy Care Services	assist, gas and electricity			RW								
					RW								
	AIDGwinnett				RW								
	Center for Family Resources	one-time utilities assistance			federal, state, county funds + fundraising	595 Rosewell Street, NE Suite 100 Marietta, GA 30060							
	Midtown Assistance Center	one-time utilities assistance				30 Porter Place, Atlanta 30308			residents of Atlanta zip codes (30303, 30308, 30309, 30313, 30312 and 30314). Special funding sometimes allows us to serve other zip codes in Fulton and DeKalb Counties. Employed or lost job w/in 2-3 months, lived in home/apt 3+ months, need ID, lease, eviction notice or letter from landlord, pay stubs				
Emergency Assist / Grocery	Open Hand Pantry Meals Program	provides a weekly supply of nonperishable groceries	no fee to eligible clients		RW, other grants, + fundraising	Pantry bag delivery includes any address within I-285 perimeter + areas of Bartow, Butts, Carroll, Clayton, Cobb, DeKalb, Douglas, Fayette, Floyd, Fulton, Gwinnett, Henry, Rockdale, Spalding, Troup, and Walton counties outside I-285.	RW funds 36,305 pantry meals. Open Hand provided people living with symptomatic HIV/AIDS a total of 113,913 pantry meals in 2008.		Proof of HIV status; medical certification of AIDS or HIV disease diagnosis that renders client severely restricted in activities of daily living, unable to shop or cook; Income verification (must be within 300% of Federal Poverty Guidelines); Proof of residency within 20-county EMA				

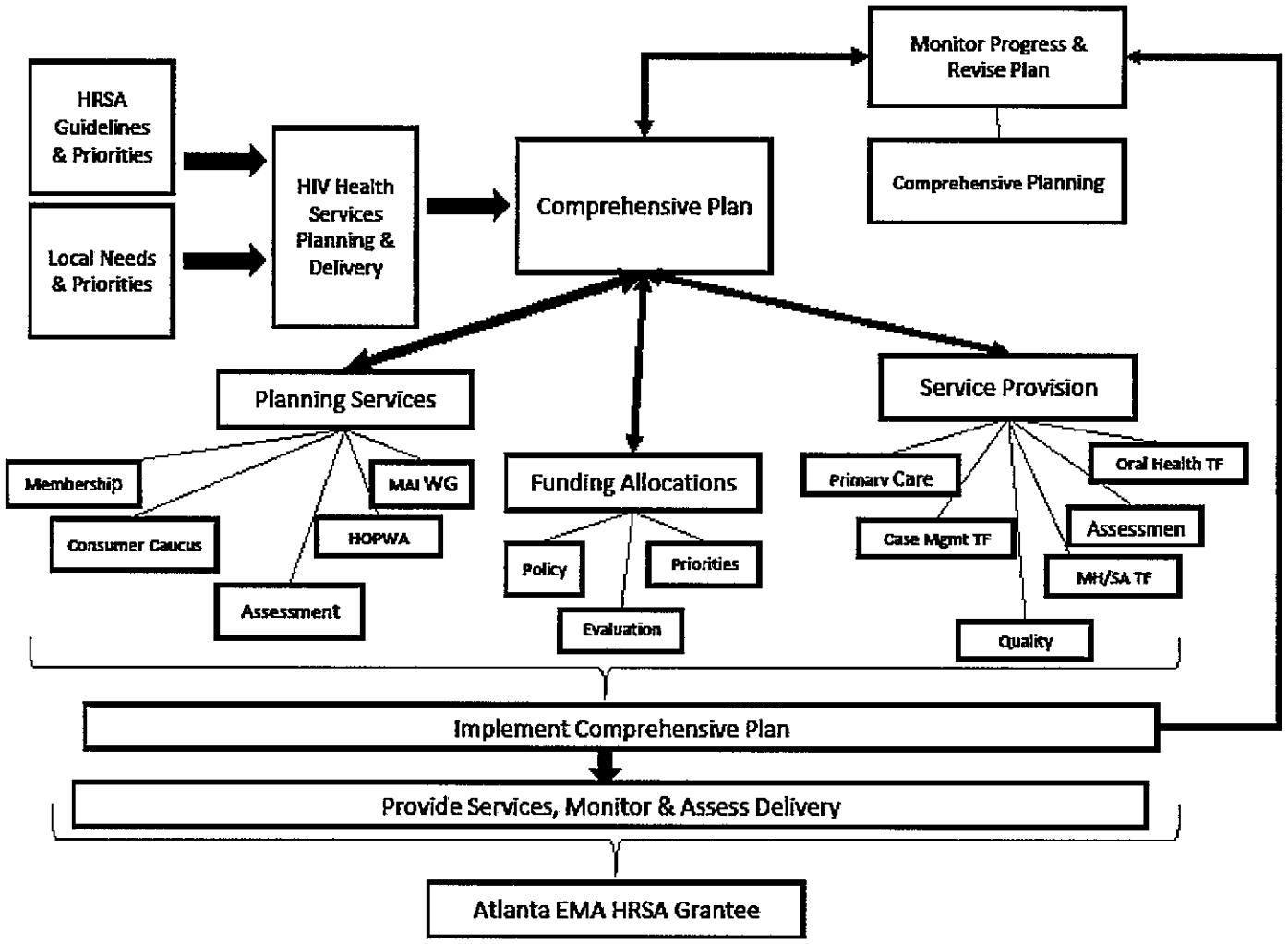
	Open Hand Emergency Nutrition Supplements Program	meal replacement snacks and mechanical soft meals provided to Grady IDP clients waiting for care	no fee to eligible clients		RW + fundraising	Grady Infectious Disease Clinic	RW funds 2,600 Meal Replacement Snacks and 1,040 Mechanical Soft Meals. Open Hand provides 1,040 prepared meals, 8,500 Meal Replacement Snacks, and 2,600 Mechanical Soft Meals to Grady IDP.		Grady IDP staff signing referral form to program indicate client meets RW eligibility guidelines.				
	AID Atlanta	Provides food vouchers to eligible individuals in need of food/grocery assistance.	No fee		United Way EFSP	All CU locations	250	40%	HIV+, Residency 20 County, Income at or below 300%		M-F 8:30-5pm		
	AIDChannel	food vouchers			RW		25	cap-50; $318 per person (moved this here, does it belong?)					
	Alpha & Omega HIV/AIDS Foundation & Health Initiatives International, Inc.	food				Decatur							
	National AIDS Education & Services for Minorities, Inc.	food pantry			grants, donations	2140 Martin Luther King Jr. Drive Atlanta 30310							
	Someone Cares, Inc. of Atlanta	food pantry				Smyrna							
Prepared Meals	Open Hand Prepared Meals Program	provides 2 freshly cooked, nutritious meals and a snack each day	no fee to eligible clients		RW, other grants, + fundraising	Prepared meal delivery includes any address within I-285 perimeter + areas of Clayton, Cobb, DeKalb, Fulton, Gwinnett counties outside I-285.	RW funds 80,300 prepared meals. Open Hand provided people living with symptomatic HIV/AIDS a total of 227,785 prepared meals between 7/1/06 – 6/30/07.		Proof of HIV status; medical certification of AIDS or HIV disease diagnosis that renders client at risk of a debilitating or fatal illness due to malnutrition, or is unable to shop for food due to disease state and/or HIV related disability, or has a CD4 of 200 or less; income verification (must be within 300% of Federal Poverty Guidelines); Proof of residency within 20-county EMA				
Nutrition Education / Counseling	Project Open Hand	nutrition assessment, diagnosis, care plans, education, counseling, monitoring and follow-up	no fee to eligible clients		RW, other grants, + fundraising	RW funds services provided onsite at AID Atlanta, Crawford Long and St. Joseph's Mercy Care Services. Open Hand also provides these services in-home and nutrition education services at HOPWA housing sites			Proof of HIV status; medical certification of AIDS or HIV disease diagnosis that renders client at risk of a debilitating or fatal illness due to malnutrition, or is unable to shop for food due to disease state and/or HIV related disability, or has a CD4 of 200 or less; income verification (must be within 300% of Federal Poverty Guidelines); Proof of residency within 20-county EMA				
	AIDS Alliance for Faith & Health	nutrition assessment, care planning, counseling & monitoring	free			139 Ralph McGill Blvd Suite 103 Atlanta 3088				call to schedule appt			
	AID Gwinnett				RW								
Legal Assistance							varies	no waiting list					

	AIDS Legal Project of the Atlanta Legal Aid Society	free legal services to low-income persons living with HIV/AIDS who seek assistance with civil legal matters and who meet our eligibility guidelines.			RW, HOPWA, Atlanta AIDS Partnership, general Atlanta Legal Aid Funds				Household income below 200% of FPG; resident of Fulton, DeKalb, Gwinnett, Cobb, and Clayton Counties for full representation or resident of other EMA counties for brief service, advice, and referral.				
		assist with wide range of legal problems											
		most frequent - access to income through employment and disability benefits											
		HIV confidentiality, obtaining and keeping affordable and decent housing											
		self empowerment - will preparation, advance directives											
		debt relief, discrimination											
		family issues - divorce, child custody, support											
		direct client outreach in collaboration with other organizations - educates community about rights of people with HIV											
	GA Law Center for the Homeless	legal services in administrative and judicial proceedings of a civil nature: Family Law, Housing Law, Fair Labor Standards, and Special Needs Populations	free			100 Edgewood Ave., NE, Suite 1825 Atlanta, Georgia 30303							
Childcare	AID Atlanta, Inc.	Provides financial assistance for child care for women and families that are clients in the RW Part D consortium that are in need of assistance so that they can attend their medical appointments	No Fee		RW Part D				HIV+, Residency 20 County, income at or below 300%, Part D client		M-F 8:30-5pm		
Housing	Living Room	emergency housing/shelter, long term rental assistance, special needs housing for multiply-diagnosed, home-finding services			HOPWA	341 Ponce de Leon Ave Suite 438 Atlanta 30308							
	Jerusalem House	permanent housing for homeless persons with HIV/AIDS			HOPWA	1900 Emory Street NW Suite 430 Atlanta 30318				90% resident population is African-American, thus services designed to meet this population's specific needs			
	Home But Not Alone	Invite homeowners with extra room to rent with a tenant seeking affordable housing - one or both of whom are HIV+ capable of independent living & self-care; reference & background checks				5342 Tilly Mill Road Atlanta 30338							
	AIDGwinnett							24 Units					
	AID Atlanta Inc.	Provides financial assistance for housing and utility situations	No Fee		HOPWA, Joining Hearts Foundation								
	St. Joseph's Mercy Care Services - the Edgewood Ctr	single room occupancy housing for adults with HIV/AIDS				187 Edgewood Ave Atlanta 30308	48 beds						
	Alpha & Omega HIV/AIDS Foundation & Health Initiatives International, Inc.	rental assistance				Decatur							
	SisterLove, Inc. LoveHouse	transitional housing for single women with HIV and HIV+ women with children under 12 years old			grants + fundraising	LoveHouse in SW Atlanta							
	Legacy House & Legacy Village												
	Matthew's Place												
	Welcome House	single room occupancy housing for adults with HIV/AIDS					209 units						

	Someone Cares, Inc. of Atlanta	transitional housing for previously incarcerated persons who are HIV+											
	Midtown Assistance Center	one-time rent assistance				30 Porter Place, Atlanta 30308			residents of Atlanta zip codes (30308, 30306, 30309, 30313, 30312 and 30314). Special funding sometimes allows us to serve other zip codes in Fulton and DeKalb Counties. Employed or lost job w/in 2-3 months, lived in home/apt 3+ months, need ID, lease, eviction notice or letter from landlord, pay stubs				
	Center for Family Resources	one time rent assistance; short term, transitional housing, and permanent affordable housing for low-income families				395 Roswell Street, NE Suite 100 Marietta, GA 30060							
Health Education / resources / referral	Saint Joseph's Mercy Care Services				RW								
	AAOI												
	AID Atlanta												
	AID Gwinnett												
	Grady IDP												
	Aetz, Inc.												
	AIDS Survival Project												
	NAESM												
Prevention with Positives	Positive Impact												
	AID Atlanta	Provides individual and group level prevention counseling for HIV positive and at risk Negatives. Several CDC approved DEBI prevention interventions used including CTRS, PCM, SISTA, MMV, YOCES, PCL	No Fee						Clients are screened and assessed for program suitability		M-F 8:30-5pm, also depends on program, call for more informatio n		
Employment Assistance	GA DHR												
Counseling / Testing													
	AIDS Survival Project												
	AID Atlanta	Provides free Ora quik advance HIV testing, and pre and post HIV counseling	No Fee		CDC, State DHR	1605 Peachtree St NE. Atlanta, GA 30309					M-Th 12-7pm		
	AID Gwinnett	HIV Testing, Outreach, Prevention with Positives							None				
	Fulton County Dept. of Health and Wellness												
	Saint Joseph's Mercy Care Services				RW, CDC								

	AIDS Research Consortium of Atlanta												
	Center for Black Women's Wellness												
	Douglasville Community Health Center												
	Feminist Women's Health Center												
	Planned Parenthood of Georgia												
Community Outreach	DeKalb County Board of Health												
	Saint Joseph's Mercy Care Services, Inc.	Homeless Outreach, to inform homeless individuals about resources available though SJMCS, or other agencies like housing, food, shelters, medical services, etc.			RW, DHR and Saint Joseph's Foundation								
	AID Atlanta	Provides community prevention and education outreach to various high risk communities	No Fee		CDC, Private foundations						M-S time depends on program, call for more informatio n		
Hotline	AID Atlanta	Provides statewide and national HIV information hotline for the general community	No Fee		State DHR	1605 Peachtree St NE. Atlanta, GA 30309			None		M-F 8:30-6pm		

Appendix 3: Atlanta EMA Planning Flow Chart



Appendix 3: Atlanta EMA Planning Flow Chart